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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Updated Strategic Plan

FY 2001 - 2006

HHS DRAFT Strategic Plan
FY 2001 - 2006

Contents

APPENDICES

INTRODUCTION

THE DEPARTMENT

The Department of Health and Human Services (HHS) is one of the largest federal Departments, the nation's largest health insurer, and the largest grant-making agency in the federal government. The Department promotes and protects the health and well-being of all Americans and provides world leadership in biomedical and public health sciences. HHS accomplishes these objectives through an array of programs in basic and applied science, public health, income support, child development, and the financing and regulation of health and social services. The Department manages this broad range of activities (as described on the inside cover) in collaboration with its state, local, tribal, and non-governmental partners, and with the coordination of the staff agencies in the Office of the Secretary.

DEVELOPMENT AND UPDATE OF THE PLAN

In 1997, the Department published its first-ever strategic plan in response to the Government Performance and Results Act (GPRA). Since that time, the Department has successfully implemented the remaining GPRA requirements and now is working to continually improve the quality of its GPRA products. Part of that quality improvement effort has focused on updating the Department strategic plan to reflect the emergence of new priorities and the experience that has been gained while implementing the initial plan. This has resulted in an expansion and restatement of some of the strategic plan objectives. Implementation strategies have been refined and more information provided about management challenges. The discussion of internal and external coordination has been significantly expanded to provide a clearer sense of where the Department's programs and activities intersect with each other and with organizations outside the Department.

Additionally, with the recent release of Healthy People 2010 and the ten Leading Health Indicators, the Department has a clearly articulated set of national health objectives. The ten leading indicators relate to Physical Activity, Overweight and Obesity, Tobacco Use, Substance Abuse, Responsible Sexual Behavior, Mental Health, Injury and Violence, Environmental Quality, Immunization, and Access to Health Care. The seven objectives in Goal 1 reflect seven of the ten leading indicators; Goal 3 reflects the access indicator; and objective 3.8 reflects the mental health indicator.

OUR MISSION

The mission of the Department is to enhance the health and well-being of Americans by providing for effective health and human services and by fostering strong, sustained advances in the sciences underlying medicine, public health, and social services.

OUR VISION FOR A HEALTHY AND PRODUCTIVE AMERICA

Healthy and productive individuals, families, and communities are the very foundation of the nation's security and prosperity. Through its leadership in medical sciences and public health, and as guardian of critical components of the nation's health and safety net programs, the United States Department of Health and Human Services (HHS) seeks to improve the health and well-being of people in this country and throughout the world.

The Department's success should be measured against the yardstick of steady, broad-based improvements in the physical and mental health and economic well-being of individuals, families, and communities, and advances in medicine and public health that benefit the entire world. Achieving good health as individuals and communities is a shared responsibility. To realize its goals, HHS will develop the policies, tools, and resources that are appropriately national in scope. In order to realize the objectives for improving the nation's health, strengthening the social and economic fabric, and contributing to global health, HHS will form partnerships of many kinds—with other federal departments; state, local, and tribal governments; with academic institutions; with the business community; with nonprofit and volunteer organizations; and with its counterparts in other countries and international organizations.

In a society that is diverse in culture, language, and ethnicity, the Department manages an array of programs that aim to ameliorate disparities in health status and access to health services and that increase opportunities for disadvantaged individuals to work and lead productive lives. These programs support basic and applied science; development of knowledge and its application; meeting public health and the health needs of special vulnerable populations; child and adolescent development; economic self-sufficiency and assistance to working families; and financing health and social services. In all of these, the Department seeks to close the gaps in health status and improve economic opportunities.

CORE VALUES

In the Department's ongoing management of its programs, and in its strategic planning process, it has been guided by the core values that define its organizational culture:

- To deliver results that are satisfactory and meaningful both to the people and communities that are directly served by the Department's programs, and to the American people who pay for these programs.

- To be an accountable steward of the Department's programs and to enhance the efficiency and quality of the services provided to its customers.

- To protect against discrimination in the provision of health and human services.

- To focus consistently on the prevention of health and social problems.

- To create new forms of collaboration in regulation, research, service delivery, and management.

- To provide accurate, reliable, understandable, and timely information to our customers, constituents, and stakeholders.

- To seek out and apply the most current scientific knowledge when making decisions that affect the public health or human services.

- To maintain a work environment that encourages creativity, diversity, innovation, teamwork, accountability, continuous learning, a sense of urgency, enthusiasm, celebration of achievement, and the highest ethical standards.

STRATEGIC GOALS

The Department has established six goals to carry out its mission:

Goal 1 focuses Department efforts on disease prevention and health promotion to enhance the health of individuals and families.

1. Reduce the major threats to the health and productivity of all Americans.

Goal 2 focuses Department efforts on helping distressed individuals and families become self-sufficient, secure, and independent in safe and economically viable communities.

2. Improve the economic and social well-being of individuals, families, and communities in the United States.

Goals 3, 4, and 5 focus Department efforts on improving access to, and delivery of, health and human services.

3. Improve access to health services and ensure the integrity of the nation's health entitlement and safety net programs.

4. Improve the quality of health care and human services.

5. Improve the nation's public health systems.

Goal 6 fosters strong, sustained advances in the systems and sciences underlying medicine and public health.

6. Strengthen the nation's health sciences research enterprise and enhance its productivity.

LIST of STRATEGIC GOALS and OBJECTIVES

GOAL 1: Reduce the Major Threats to the Health and Productivity of All Americans

Objective 1.1 Reduce tobacco use, especially among youth

Objective 1.2 Reduce the incidence and impact of injuries and violence in American society

Objective 1.3 Improve the diet and the level of physical activity of Americans

Objective 1.4 Reduce alcohol abuse and prevent under age drinking

Objective 1.5 Reduce the abuse and illicit use of drugs

Objective 1.6 Reduce unsafe sexual behaviors

Objective 1.7 Reduce the incidence and impact of infectious diseases

GOAL 2 Improve the Economic and Social Well-being of Individuals, Families, and Communities in the United States

Objective 2.1 Improve the economic independence of low income families, including those receiving welfare

Objective 2.2 Increase the parental involvement and financial support of non-custodial parents in the lives of their children

Objective 2.3 Improve the healthy development and learning readiness of preschool children

Objective 2.4 Improve the safety and security of children and youth

Objective 2.5 Increase the proportion of older Americans who stay active and healthy

Objective 2.6 Increase independence and quality of life of persons with long-term care needs

Objective 2.7 Improve the economic and social development of distressed communities

GOAL 3: Improve Access to Health Services and Ensure the Integrity of the Nation's Health Entitlement and Safety Net Programs

Objective 3.1 Increase the percentage of the nation's children and adults who have health insurance coverage

Objective 3.2 Eliminate disparities in health access and outcomes

Objective 3.3 Increase the availability of primary health care services for under-served populations

Objective 3.4 Protect and improve the health and satisfaction of beneficiaries in Medicare and Medicaid

Objective 3.5 Enhance the fiscal integrity of HCFA programs and purchase the best value health care for beneficiaries

Objective 3.6 Improve the health status of American Indians and Alaska natives

Objective 3.7 Increase the availability and effectiveness of services for the treatment and management of HIV/AIDS

Objective 3.8 Increase the availability and effectiveness of mental health care services

Objective 3.9 Increase the availability and effectiveness of health services for children with special health care needs

GOAL 4: Improve the Quality of Health Care and Human Services

Objective 4.1 Enhance the appropriate use of effective health services

Objective 4.2 Increase consumer and patient use of health care quality information

Objective 4.3 Improve consumer and patient protection

Objective 4.4 Develop knowledge that improves the quality and effectiveness of human services practice

GOAL 5: Improve the Nation's Public Health Systems

Objective 5.1 Improve the capacity of the public health system to identify and respond to threats to the health of the Nation's population

Objective 5.2 Improve the safety of food, drugs, medical devices, and biological products

GOAL 6: Strengthen the Nation's Health Science Research Enterprise and Enhance its Productivity

Objective 6.1 Advance the scientific understanding of normal and abnormal biological functions and behaviors

Objective 6.2 Improve our methods for preventing, diagnosing, and treating disease and disability

Objective 6.3 Enhance our understanding of how to improve the quality, effectiveness, utilization, financing, and cost-effectiveness of health services

Objective 6.4 Accelerate private-sector development of new drugs, biologic therapies, and medical technology

Objective 6.5 Strengthen and diversify the base of well-qualified health researchers

Objective 6.6 Improve the communication and application of health research results

Objective 6.7 Strengthen mechanisms for ensuring the protection of human subjects in research and the integrity of the research process.

GOALS/OBJECTIVES/STRATEGIES

GOAL 1 REDUCE THE MAJOR THREATS TO THE HEALTH AND PRODUCTIVITY OF ALL AMERICANS.

Research indicates that a significant percentage of premature mortality and morbidity in the United States can be prevented if individuals avoid certain risk behaviors (e.g., smoking), adopt healthy ones (e.g., exercise), and major environmental risks to health (e.g. infectious diseases) are reduced. The strategic objectives under this goal focus Department efforts on changing behaviors and reducing the risks that are associated with the leading causes of premature mortality and morbidity (e.g, heart disease and stroke) in the United States. To a great extent, these efforts involve creating innovative approaches to informing the public of health issues.

The importance of this goal is evident from the health and economic consequences of the behaviors that are addressed. For example, smoking is estimated to be responsible for more than 400,000 deaths annually (one in every five deaths in the U. S. is smoking related) and to increase the risk for many other diseases, including heart disease and emphysema and other respiratory diseases. Unintentional injuries (primarily from fires, falls, drowning, and poisonings) are the leading cause of death in the U. S. for people aged 1-44. Intimate violence is estimated to result in financial losses to women victims of $150 million a year. Poor diet and low levels of physical activity are associated with 300,000 deaths each year, second only to tobacco. Alcohol abuse exacts a financial toll on the Nation costing over $166 billion annually of which some $58 billion is attributed to underage drinking. Drug abuse is estimated to cost society over $100 billion annually and is linked to other health problems such as suicide, homicide, motor-vehicle injury, sexually transmitted diseases, and HIV infection. Unsafe sexual behavior is related to more than 12 million cases of sexually-transmitted diseases, high teen pregnancy rates, and billions of dollars in preventable health care spending each year. While death rates from HIV infection have declined, the number of new infections (estimated at 400,000 annually) and cost of treatment remain high. Finally, infectious disease (e.g., pneumonia and influenza) was the sixth leading cause of death in the U. S. in 1998.

Objective 1.1 REDUCE TOBACCO USE, ESPECIALLY AMONG YOUTH

How We Will Accomplish Our Objective

We will support **education** campaigns to deliver the anti-tobacco message. Our efforts will focus on:

- leading a national campaign to educate Americans about the health effects of tobacco use.

- incorporating tobacco education into Department programs and initiatives that target youth such as Project Youth Connect, Teen Parents, Girl Power!, and the Runaway and Homeless Youth program.

- promoting the adoption of tobacco education programs by primary care health care professionals and incorporation of the programs into primary care services, including department programs such as the Indian Health Service.

- widely distributing information to practitioners and the public on the consequences of tobacco use through National Clearinghouse on Alcohol and Drug Information.

- disseminating Public Health Service guidelines on smoking cessation for health care practitioners and brochures for consumers.

We will support **state tobacco control programs** in all states that will: educate young people about the dangers of tobacco use and help them to refuse tobacco use; promote cessation of tobacco use among youth and adults; protect the public from secondhand smoke; identify and eliminate disparities in tobacco use among population subgroups; and reduce the use of smokeless tobacco.

We will provide **temporary assistance** to state health departments, schools, local governments, national anti-tobacco organizations and other organizations to help develop tobacco prevention and control programs (in collaboration with the Department of Education). This effort will include a focus on helping states implement the Synar Amendment.

We will continue to support enforcement of state and local laws and regulations preventing the sale of tobacco to minors through data sharing and **technical assistance**.

We will undertake **research and demonstrations** to:

- better understand why people smoke (the genetic base, environmental interactions) as a precursor to developing better interventions to prevent or stop tobacco use.

- monitor trends in tobacco use.

- design new ways of preventing or stopping tobacco use and assess the effectiveness of interventions.

- learn how to more effectively translate proven interventions into practice.

(Agencies contributing to this objective: ACF, CDC, FDA, HRSA, IHS, NIH, OPHS, OS, SAMHSA)

Objective 1.2 REDUCE THE INCIDENCE AND IMPACT OF INJURIES AND VIOLENCE IN AMERICAN SOCIETY

How We Will Accomplish Our Objective

We will support **capacity and program development** activities to improve public and private injury and violence prevention programs. Elements of this strategy include:

- providing information and technical assistance to hospitals and public health agencies on standardizing and expanding the collection of mortality, hospital, and emergency department data to improve surveillance and monitoring activities.

- making investments in the public health infrastructure of tribes to help develop risk identification and intervention programs.

- making investments in states to help them develop the basic capacity needed for state injury and poison prevention programs.

- provide technical assistance to communities to help them develop strategies for preventing youth violence.

- providing technical assistance to state and local health departments, aging networks, and other organizations serving the elderly to help them implement fall prevention programs.

We will support community injury and violence **prevention programs** that focus on priorities that include preventing youth/school violence and violence against women, fire safety, and bicycle safety.

We will widely **disseminate information** on preventing injuries and violence. Particular areas of focus for the strategy will be:

- *children:* disseminating information from demonstration programs on how to prevent childhood injuries to safety organizations such as the National Bicycle Safety Network, local bicycle safety programs, and the National Fire Protection Association.

- *workplace:* disseminating information to industry on ways to improve workplace safety.

- *the elderly:* launching a nationwide campaign to educate older Americans about the best way to modify their home environment in order to avoid potentially harmful and debilitating falls.

- *youth:* in collaboration with the Departments of Education and Justice disseminating information on school and community youth violence prevention programs.

- *communities:* in conjunction with the Departments of Education and Justice, provide communities with current information on the incidence of school, street and gang violence, domestic violence, and substance abuse and violence.

To foster the development and improvement of **safety legislation** by states, we will supply the most current surveillance data highlighting safety issues; e.g., data from our Traumatic Brain Injury surveillance system to help states develop motorcycle helmet legislation, safety belt and snowmobile legislation.

We will conduct **research and demonstrations** to:

- identify the causes and risk factors (e.g. alcohol consumption, workplace hazards) for violence and injuries to help develop more effective prevention programs.

- design better interventions for controlling aggressive behavior and violence in youth.

- design better strategies for preventing injuries in the home, child care environments, and the workplace.

- understand the pathology and effective treatment of injuries in order to lessen the impact.

- sponsor studies of the effectiveness of health care interventions for victims of domestic violence.

(Agencies contributing to this objective: AHRQ, ACF, AoA, CDC, HCFA, HRSA, IHS, NIH, OPHS, SAMHSA)

Objective 1.3 IMPROVE THE DIET AND THE LEVEL OF PHYSICAL ACTIVITY OF AMERICANS

How We Will Accomplish Our Objective

We will conduct **research** to:

- learn about and inform the public regarding the effects of diet and exercise on health.
- develop better interventions for the prevention and treatment of obesity.
- evaluate the effectiveness of education in changing diet and exercise behavior.
- develop sound scientific data and expertise to support standards and guidance for evaluating the safety of dietary supplements (e.g., vitamins).

We will carry out **education** campaigns to encourage the public to improve their diet and exercise habits. Our focus will be on:

- our Five-A-Day education program about the importance of eating vegetables and fruits.
- implementing counseling programs on diet and physically active lifestyles in our primary care programs.
- a national campaign to inform women of childbearing age about the importance of consuming 400 micrograms of folic acid daily, in addition to an appropriate diet, to prevent serious birth defects.
- providing consumers with food content information (food labels) to help them make better diet choices.

We will provide **support and technical assistance** (on surveillance, epidemiology, etc.) to states to conduct programs promoting good nutrition and the reduction of excessive consumption of fat and calories, physical inactivity, and obesity among youth.

We will provide **nutritious meals, nutrition education, and individual nutrition counseling** for the elderly in congregate and home-delivered settings.

(Agencies contributing to this objective: AoA, CDC, FDA, HRSA, IHS, NIH, OPHS)

Objective 1.4 REDUCE ALCOHOL ABUSE AND PREVENT UNDERAGE DRINKING

How We Will Accomplish Our Objective

We will support **education** campaigns directed toward high risk groups to reduce underage drinking and alcohol abuse, e.g., a Teen Drinking Prevention Campaign, and Girl Power! which raises public awareness and helps youth understand the seriousness of the harm alcohol abuse and dependence causes.

We will provide **technical assistance** to community programs to help develop effective prevention strategies including advertisements, sales to minors, etc.)

We will support **screening, residential, and outpatient treatment services**.

We will conduct **research** to:

- understand the causes (genetic, biological, social) of alcohol addiction as a precursor to new prevention and treatment methods.
- design more effective prevention and treatment methods and programs.
- learn more about the health and social costs of underage drinking in order to guide public policy decisions.

We will support and improve **surveillance and data systems** that provide information to public health officials on trends in alcohol abuse related to youth, domestic abuse, fetal alcohol syndrome, and chronic diseases.

(Agencies contributing to this objective: CDC, IHS, NIH, OS, SAMHSA)

Objective 1.5 REDUCE THE ABUSE AND ILLICIT USE OF DRUGS

How We Will Accomplish Our Objective

We will provide **science based information** on the effects of drug use and on effective prevention and treatment strategies to health professionals, states, communities, and the public through programs such as the National Clearinghouse for Alcohol and Drug Information.

We will conduct anti-drug **education** campaigns targeted to high risk groups through networks of community-based organizations and health care providers.

We will help states **develop drug treatment services** at the community level, including a targeted capacity expansion strategy to address treatment gaps in communities with serious, emerging drug problems.

We will support a variety of **prevention and treatment programs**. Our focus will be on:

- community drug abuse prevention programs, especially programs targeted at vulnerable populations.
- community outpatient treatment, methadone programs, and residential treatment services for adolescents and other underserved populations.
- prevention and treatment services to rural and urban Indian communities.
- the Federal Drug-Free Workplace Program.

We will conduct **research** to:

- learn more about the causes and risk factors (genetic, biological, social) for drug addiction and translate that knowledge into prevention and treatment methods.
- design better prevention and treatment strategies and services (e.g., better medication for treatment, better behavioral modification strategies).
- understand drug use patterns in order to adapt treatment to community needs.

We will **monitor trends** in drug use and provide that information to public health and other officials involved in prevention and treatment.

(Agencies contributing to this objective: HRSA, IHS, NIH, OPHS, SAMHSA)

Objective 1.6 REDUCE UNSAFE SEXUAL BEHAVIORS

We will support a variety of community **prevention services**. Our focus will be on the support of:

- comprehensive sexually transmitted disease prevention programs through grants to the states.
- a variety of prevention and counseling services for high risk populations in Department programs such as community health centers, American Indian and Alaska Native clinics, and mental health and substance abuse providers.
- programs in community organizations that provide HIV prevention services to high risk individuals

We will promote the application of **privacy/confidentiality policies** to encourage individuals to seek testing and counseling (through privacy regulations, conferences, posting information on health information surveillance boards, etc.)

We will provide **technical assistance** to help a variety of organizations increase their capacity to provide prevention services. Our efforts will focus on technical assistance to:

- cities, states, territories, and selected countries build HIV/AIDS surveillance systems that will track the course of HIV and AIDS for use in targeting and evaluating prevention programs.

- states to help to develop curricula and train teachers who can provide youth with the information and skills to avoid HIV infection and reduce unsafe sexual behaviors (in coordination with the Department of Education).

- community based organizations, medical and public health professionals, HIV community planning groups, and other organizations to train their staff in prevention strategies.

We will support **research** to:

- learn more about the spread of sexually transmitted diseases, including disease incidence and the high risk behaviors associated with incidence, in order to develop more effective prevention strategies.

- evaluate new tools and techniques for preventing HIV transmission, including promising integrations of biomedical and behavioral interventions.

(Agencies contributing to this objective: ACF, CDC, HRSA, IHS, NIH, OPHS, OS, SAMHSA)

Objective 1.7 REDUCE THE INCIDENCE AND IMPACT OF INFECTIOUS DISEASES.

We will support state and local **infectious disease control programs**. Our focus will be on:

- developing and implementing national data and information system standards for surveillance reporting of infectious diseases.

- providing technical assistance to state and local health departments on collecting and maintaining epidemiological information that can rapidly detect, investigate, and monitor emerging pathogens, the diseases they cause, and the factors influencing their emergence.

- providing funding and technical assistance to support screening and treatment for selected diseases at state and local health departments (e.g., sexually transmitted disease, TB, HIV/AIDS, Hepatitis C Virus, emerging infections).

- providing guidance and support for state/local health departments and hospitals in the surveillance, prevention, and control of antimicrobial resistance.

- providing emergency epidemic assistance to domestic and international partners in cases of disease outbreaks that are major public health concerns.

We will provide leadership for planning and implementing a comprehensive initiative for **eliminating syphilis** in the United States.

We will provide leadership for planning and implementing a comprehensive initiative for **reducing tuberculosis**. Our strategy includes:

- in conjunction with the Veterans Administration, carrying out a major clinical trial on TB prevention.

- training physicians and other health care providers in tuberculosis diagnosis and treatment.

- cooperative agreements with state and local health departments to maintain a TB prevention and control program in each state that will: identify individuals with TB; provide those with active TB appropriate curative therapy and evaluate their close contacts; ensure that new TB patients complete therapy; and evaluate program activities to ensure the most effective use of resources.

- collaboration with international partners to advance TB control activities relevant to the United States.

We will implement a strategy to increase **vaccine coverage** in the United States. Key elements of the strategy will include:

- providing resources and technical assistance to health departments, health care providers and other community organizations to administer **vaccines** against infectious diseases.

- **outreach** to and education of the elderly and children through Department and other federal programs such as the Indian Health Service local health service delivery programs; Head Start; Medicaid; Medicare; and the Department of Agriculture Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program.

We will maintain a program of technical assistance to other countries to support efforts to **eradicate polio** and **control measles**, in order to prevent these diseases in the U.S.

We will support **research** to:

- develop new and improved diagnostic tests, drug therapies, vaccines and epidemiologic and laboratory methods for detecting, controlling, and preventing infectious diseases.

- develop new monitoring tools needed to detect emerging infectious diseases.

- study the relationship between drug abuse and the spread of infectious diseases to develop more effective prevention strategies.

- learn more about negative reactions to vaccines to improve vaccine safety and vaccination coverage levels in adults.

(Agencies contributing to this objective: ACF, AoA, CDC, FDA, HCFA, HRSA, IHS, NIH, OPHS, OS, SAMHSA)

GOAL 2 IMPROVE THE ECONOMIC AND SOCIAL WELL-BEING OF INDIVIDUALS, FAMILIES, AND COMMUNITIES IN THE UNITED STATES.

The focus of this goal is to promote and support interventions that help disadvantaged and distressed individuals, families, and communities improve their economic and social well-being. The objectives further prioritize Department efforts by targeting interventions toward low income families including those receiving welfare, children, the elderly, persons with disabilities, and distressed communities.

While substantial progress has been made in the past several years in helping welfare recipients move to work , increasing child support payments, and providing child care and early learning services to low and moderate income families, evidence supports a continued focus on helping those citizens who need help. For example, data (1997) indicates that some 19 percent of all children still live in poverty. Preschool enrollment for these children is still at only 40 percent. Affordable child care for low and moderate income working families is still largely inaccessible. In 1998, only 1.5 million of 9.9 million children potentially eligible for child care assistance received it. Almost one million children were the victims of substantiated or indicated child abuse or neglect in 1997. Some 20 percent of children in foster care remain without permanency for as long as three years or more.

As the American population ages, evidence also points to the need to extend efforts to help the growing number of elderly persons remain as active and healthy as possible and delay or avoid chronic medical problems. An aging society also means the number of persons needing long-term care services will increase and the availability of these services in the home and community will be a significant challenge if we are to help these citizens maintain their independence and quality of life. The need for long-term support is not limited to the elderly. With increasing survival rates among people who are born with or acquire disabilities, and increasing opportunities for a quality life in the community (rather than an institution), the need arises to expand options for home and community based supports for people of all ages.

Objective 2.1 IMPROVE THE ECONOMIC INDEPENDENCE OF LOW INCOME FAMILIES, INCLUDING THOSE RECEIVING WELFARE

How We Will Accomplish Our Objective

We will provide **technical assistance** to promote the adoption of best practices and innovative strategies by states in their welfare to work programs. Our strategy will include:

- developing and disseminating best practices and innovative strategies.
- assisting with the development of performance measurement systems.

- evaluating the impact of Temporary Assistance to Needy Families and other work support strategies on families and children.

- facilitating peer to peer assistance.

- in collaboration with the Department of Education, providing models for integrating work readiness training for welfare clients into adult skills training programs.

- assisting states, communities, and organizations working to coordinate transportation resources and services to improve access to employment and training.

We will continue to promote access to **child care services** to allow low-income working parents to maintain their jobs and self-sufficiency. Our efforts will focus on:

- supporting increases in child care subsidies to low income families.

- promoting collaboration among Head Start, child care providers, and pre-kindergarten programs to improve the quality of services and to better meet the full-day needs of low-income working parents and build the learning skills of their children.

- research to better understand the effects of variations in child care subsidies on labor force participation and to develop models to establish optimal conditions for child care subsidies to support parents as they go to work.

We will develop a final regulation on **high performance bonus** to reward states that achieve significant progress in job and workforce outcomes in their Temporary Assistance to Needy Families program, including job placement, job retention, earnings growth, enrollment for Food Stamps, and other measures (for 2002 - 2003).

We will **conduct research** to study state implementation of **welfare reform**; outcomes for families, children, and special populations; and broader issues concerning families in poverty.

We will work to **eliminate barriers** to finding and maintaining jobs for welfare and other low income clients. We will focus on:

- identifying barriers to work for welfare recipients who are victims of domestic violence, who have developmental and other disabilities, who are non-English speaking, who reside in economically distressed rural areas, and for others who have serious personal or family problems that interfere with their ability to work.

- developing strategies to overcome identified barriers, including encouraging states to make policy changes, investments, and operational changes to improve the opportunities for recipients who face barriers.

- developing best practices to assist people with mental illness to obtain and maintain employment.

- conducting reviews of state and local welfare agencies, and other service providers to determine if programs are in compliance with civil rights statutes ensuring equal access.

- providing training and technical assistance to help state and local welfare agencies and service providers to comply with civil rights statutes in their administration of these programs.

We will **identify alternative strategies** for use (e.g., legislative proposals) should caseloads begin to increase or significant numbers of families reach lifetime limits without employment.

(Agencies contributing to this objective: ACF, OCR, SAMHSA)

Objective 2.2 INCREASE THE PARENTAL INVOLVEMENT AND FINANCIAL SUPPORT OF NON-CUSTODIAL PARENTS IN THE LIVES OF THEIR CHILDREN

How We Will Accomplish Our Objective

We will implement strategies designed to **increase child support collections** from non-custodial parents. Our efforts will include:

- training and technical assistance to state child support enforcement agencies in areas such as the use of the Federal Parent Locator Service, best practices, and strategic planning to promote case processing efficiencies.

- implementation of an incentive based funding structure for state child support enforcement agencies.

- effective management of the Federal Parent Locator Service, the Federal Tax Refund Offset Program, the Passport Denial Program, the Multistate Financial Institution Data Match Program and the Child Support Enforcement Network.

- oversight to assure certification and implementation of effective automated systems.

- guidance to states and technical assistance to Tribes on how to apply for funding to support the establishment of tribal child support enforcement programs by tribal organizations.

We will **eliminate barriers** that impede fathers' involvement with their children, and implement strategies that increase their involvement. Our strategy will focus on:

- supporting research that provides information on the role of men in facilitating child health and well-being and strengthening family formation and functioning.

- providing training and technical assistance to states and communities to help them develop employment and training opportunities, parenting education, and support for low-income fathers.

- supporting activities and efforts that promote greater understanding of the meaning and importance of fatherhood within the diverse ethnic and cultural groups served by the Departments' programs, such as the building of public-private partnerships that increase access to information and resources.

- developing model programs for preventing premature fatherhood and disseminating information on those programs to states and communities.

- developing and disseminating innovative approaches to resolving access and visitation issues for parents and children that live apart.

- identifying and disseminating successful strategies that promote the involvement of fathers in preparing children to be ready to learn and maximize their educational achievements.

(Agencies contributing to this objective: ACF, ASPE, CDC, HRSA, IHS, NIH, OPHS, SAMHSA)

Objective 2.3 IMPROVE THE HEALTHY DEVELOPMENT AND LEARNING READINESS OF PRESCHOOL CHILDREN

How We Will Accomplish Our Objective

To promote learning readiness of preschool children from low income families, we will work to improve the access to and quality of **developmental services**. The core of this strategy will be:

- support for expansion of Head Start and child care in order to serve more children.

- promotion of joint planning, funding, and service partnerships among Head Start, child care, pre-kindergarten, and family literacy initiatives aimed at low-income families and their children.

- support for research, program evaluation, and the development and implementation of performance measures to improve the quality of existing Head Start and child care programs.

- identification of strategies that address the need for a trained quality workforce in Head Start programs and child care settings.

We will work to increase access to and effectiveness of **health services** and to improve linkages between health care, child care, and Head Start services. The core of this strategy will be:

- linking low-income and disadvantaged children in early childhood settings with health care providers (e.g., MCH, CHCs, mental health programs, SCHIP, and Medicaid).

- targeting American Indian and Alaska Native Head Start children to receive services that are essential to reducing disease and increasing their ability to thrive, such as immunizations, dental services, and other well-child care.

- augmenting programs in early childhood centers so that they include behavioral health services.

- providing training and technical assistance to Head Start staff and the parents of Head Start children in health promotion and disease prevention.

- supporting research on key environmental factors that affect the physical and cognitive development in young children such as lead poisoning, prenatal exposure to drugs and alcohol and use the research to develop more effective interventions.

- providing funding to state and local health departments to identify children at risk for childhood lead poisoning (a significant developmental hazard to children), ensure that they receive treatment, and provide remediation of lead hazards.

(Agencies contributing to this objective: ACF, CDC, HCFA, HRSA, IHS, NIH, SAMHSA)

Objective 2.4 IMPROVE THE SAFETY AND SECURITY OF CHILDREN AND YOUTH

How We Will Accomplish Our Objective

We will support **knowledge development and demonstrations** to:

- better understand how to prevent and treat child abuse and neglect, and family violence (in cooperation with the Department of Justice).

- identify what family preservation and support services work.

- test more effective child welfare practices.

- assess and improve our technical assistance and training activities under the child welfare, foster care and adoption assistance programs in order to improve the effectiveness and relevance of those activities.

- develop better strategies for providing support and family preservation services to families that have incidents of abuse and neglect.

- develop better strategies to help children in families with psychiatric and/or substance use disorders by providing treatment and housing to adults with these disorders, and to their children.

We will incorporate the **child safety** priority into family preservation programs and emphasize the importance of child safety in decisions about family preservation and reunification through technical assistance to states.

We will **remove barriers** to adoptions by:

- providing technical assistance to states, nonprofit organizations, and local communities on how to identify and remove barriers to adoptions such as court processes that prevent timely judicial actions to terminate parental rights (Adoption 2002 initiative).

- implementing an adoption bonus incentives program to states (Adoption 2002 initiative).

- providing support for state supreme courts to develop self-assessments and plans for systemic improvements to achieve more timely actions affecting permanency for children.

- conducting reviews of state and local adoption and foster care agencies to determine if their programs are in compliance with the Adoption and Safe Families Act and nondiscrimination laws (section 1808 of the Small Business Job Protection Act and the family recruitment provisions of the Multi-Ethnic Placement Act).

- providing technical assistance and training for courts, child protection agencies, child welfare agencies and other service providers to help them comply with nondiscrimination laws.

(Agencies contributing to this objective: ACF, CDC, OCR, SAMHSA)

Objective 2.5 INCREASE THE PROPORTION OF OLDER AMERICANS WHO STAY ACTIVE AND HEALTHY

How We Will Accomplish Our Objective

We will support a program of **biomedical, behavioral, and health services research** to:

- better understand the aging process and the factors (social, health, services) that contribute to healthy aging and prolonged independent function, including the factors contributing to the current decline in the disability rates of seniors.

- increase understanding of the behaviors that lead beneficiaries to utilize preventative services covered by the Medicare program.

- create an evidence-based center on healthy aging using the best available science to identify what works to promote health and prevent functional decline in the Medicare population.

- develop effective strategies for preventing substance abuse by older Americans, specifically focusing on common problems such as medication misuse/abuse; alcohol abuse; and alcohol in combination with other medications.

- determine the occupational safety and health risks of older workers and the impact of these risks on their safety, health, disability, and employment and develop effective interventions to reduce these risks and promote a healthy work experience.

We will support **unintentional injury prevention initiatives** that focus on falls--a leading cause of functional decline in the elderly. Our focus will be to reduce falls by:

- supporting demonstrations to prevent falls among the elderly under a cooperative demonstration program with state and local health departments, our aging network, Medicare PROs, and other partners.

- implementing and evaluating the effectiveness of a national education program to reduce fire and fall-related injuries among older adults (in collaborations with the National Fire Protection Association).

- monitoring incidence and causes of falls in older Americans in order to develop appropriate interventions.

- developing and disseminating information on physical activities that improve muscular strength/endurance and flexibility which have been shown to improve the ability to perform tasks of daily living and may improve balance, thus preventing falls.

We will support expansion of **preventive and primary health care services** that contribute to the prevention of functional decline in the elderly. Our strategy includes:

- undertaking community outreach and providing health care providers with information about the preventive and primary health care and chronic disease management needs of native American elders.

- disseminating recommendations targeted at people over age 50 from "Put Prevention Into Practice," a national campaign to improve the delivery of clinical preventive services such as screening tests, immunizations, and counseling for health behavior change.

- developing and implementing new arthritis awareness programs.

We will also support **basic services**, such as meals and transportation, that combat factors that lead to functional decline in the elderly (poor nutrition, social isolation, poverty).

(Agencies contributing to this objective: AHRQ, AoA, CDC, FDA, HCFA, IHS, NIH, OPHS, SAMHSA)

Objective 2.6 INCREASE INDEPENDENCE AND QUALITY OF LIFE OF PERSONS WITH LONG-TERM CARE NEEDS

How We Will Accomplish Our Objective

We will promote policies that increase the **empowerment** of individuals needing long-term care services to be involved in planning and directing their services.

To prevent institutionalization, we will help communities develop and support integrated, **comprehensive community services** for persons with long-term care needs. We will focus our efforts on:

- continuing our support of community-based long-term care services through Medicaid and the aging network.
- developing innovative policies, programs, and protection and advocacy systems for the developmentally disabled in each state.
- supporting technical assistance centers and consumer and family network development grants to help persons with mental illness and their families develop and access comprehensive, community-based treatment services.
- implementing a program of support for family caregivers who delay or prevent the need for institutionalization.

We will facilitate **employment** for disabled persons, including those with more severe disabilities. Our strategy will include:

- advocacy and support for development of programs that contribute to the employment of the developmentally disabled.
- development of better rehabilitation and employment models for recovering adults with mental illness including individuals with serious mental illness.
- reducing health and long-term care coverage barriers for employment by promoting state buy-in to Medicaid for certain people with disabilities under the Ticket to Work and Work Incentives Improvement Act of 1999.

We will **enforce nondiscrimination** laws to ensure access to services. Our focus will be on:

- civil rights reviews, investigations, and outreach activities directed at home health and other community providers of long-term care services to protect against discrimination on the basis of race, national origin, disability, and age.

- enforcement of the Olmstead decision and Americans with Disabilities Act to ensure that states have comprehensive effective working plans for providing services to all qualified individuals with disabilities in the most integrated setting and for moving people off waiting lists at a reasonable pace.

We will support **research and demonstrations** to improve the effectiveness of long-term care services. On-going priorities for this strategy will include:

- examining the effectiveness of consumer-operated, self-help programs for persons with mental illness as an alternative to traditional programs or institutionalization.

- demonstrations of effective ways to support families who need assistance caring for family members with Alzheimer's disease, focusing on minority, low-income and rural families.

- examining the effectiveness of models that address unique needs of children and families who need home and community based long term care resources in natural environments.

- research on the needs and quality of life of persons in institutional and community long-term care settings.

- demonstrations and research related to models that enable consumer direction of personal assistance services.

- development of a network to assist states in expanding community-based services.

- development of best practices and models of community service networks for the developmentally disabled.

- supporting research to improve the health care outcomes for the chronically ill and elderly.

- demonstrations of effective ways to integrate acute and long-term care services.

(Agencies contributing to this objective: ACF, AHRQ, AoA, FDA, HCFA, NIH, OCR, SAMHSA)

Objective 2.7 IMPROVE THE ECONOMIC AND SOCIAL DEVELOPMENT OF DISTRESSED COMMUNITIES

How We Will Accomplish Our Objective

We will promote active involvement of HHS grantees in support of comprehensive **community development networks** that recognize the interdependence of economic, human, physical, and environmental concerns in improving the well-being of children and families. Our strategy will include:

- continuing investment in community-based organizations, such as Community Action Agencies, that plan for, coordinate, and link a range of categorical federal, state, local, and private assistance in a manner responsive to unique local needs and conditions.

- offering priority funding to Empowerment Zones, Enterprise Communities, Native American communities, and other distressed communities pursuing comprehensive strategic plans for revitalization, through grant criteria in various HHS programs.

- designing programs in both health and human service areas with the flexibility to play a lead role in comprehensive community development efforts that complement their goals, such as some Healthy Start site involvement in community development programs and supporting infant health objectives by securing parental employment stability.

We will strengthen the **economic infrastructure** within distressed communities to establish the foundation for a stable environment where individuals and families can flourish, with increased employment opportunities, access to essential goods and services, and fewer incentives for social disruption. Our strategy will include:

- participating in interagency "new market" initiatives to spur private investment in distressed communities through HHS programs that target job creation for low-income individuals through financial and technical assistance to private employers, self-employment/microenterprise programs, and business development programs.

- leveraging HHS-funded programs to serve as catalysts for community economic development through job creation and utilization of local markets, such as community health centers, which generated nearly $3 billion in economic activity within distressed communities in FY 1999.

We will enhance the capacity of **community-based institutions** and development of **civic capital**, enabling community stakeholders to collaborate more effectively, amass sufficient resources, and create synergies in addressing mutual problems. Our focus will include:

- delivering training, technical assistance, and related instructional materials to community-based organizations, in order to support planning, program development, resource identification and coordination, as well as the deployment and management of economic development efforts and social service support activities.

- sponsoring programs with an explicit objective to develop community leadership and empower residents to participate in the design and implementation of programs that best meet local needs, such as in the areas of substance abuse prevention and treatment, HIV/AIDS services and treatment, child development, and other community services.

- establishing performance measurement scales and systems that assess and correlate family, organizational, and community well-being.

- providing technical assistance and support to low income communities and provider organizations in the communities to help develop health care delivery systems and priority primary care services.

- providing financial incentives to encourage low-income individuals to save for purchasing homes and starting businesses.

(Agencies contributing to this objective: ACF, AoA, CDC, HRSA, IHS, SAMHSA)

GOAL 3 IMPROVE ACCESS TO HEALTH SERVICES AND ENSURE THE INTEGRITY OF THE NATION'S HEALTH ENTITLEMENT AND SAFETY NET PROGRAMS.

In addition to changing behavior and reducing environmental health risks, improving health in the U.S. also involves assuring that everyone has access to health care. The focus of this goal is to promote increased access to health care, especially for persons who are uninsured, underserved, or otherwise have health care needs that are not adequately addressed by the private health care system.

The access challenges are substantial, particularly for some groups. Overall, approximately 45 million Americans lack health insurance. Although recent efforts to cover the nation's children are beginning to show success, many children still lack coverage. Over 2,000 counties in the United States are designated health profession shortage areas where access to primary health care for some 45 million residents would be limited without our community programs. Access to treatment for persons with HIV/AIDS, estimated to cost as much as $20,000 a year, would be severely limited without support for the cost of drug therapies and associated services. Less than one-third of adults with a diagnosable mental disorder receives treatment in a given year. Cost of care for children with special health care needs is not affordable by many families.

Minorities have particular problems with access and face a range of disparities in health care. Approximately 38 percent of Hispanic and 24 percent of African-American adults are without health insurance compared with 14 percent for white adults. Infant mortality rates are higher for minority groups as are the incidence of illness and deaths associated with certain chronic diseases such as cancer, cardiovascular disease, and diabetes.

The major source of health insurance coverage for older Americans is Medicare. Ensuring the fiscal integrity of the program is critical to continued access to care. Significant accomplishments in reducing the financial drain from fraud, waste, and abuse have been recorded. Still, we can do more to reduce improper payments, which in fiscal year 1999 were estimated at $13.5 billion.

Objective 3.1 INCREASE THE PERCENTAGE OF THE NATION'S CHILDREN AND ADULTS WHO HAVE HEALTH INSURANCE COVERAGE

How We Will Accomplish Our Objective

We will continue to assist states to promote and publicize the opportunity to **identify and enroll** eligible children and adults in Medicaid, the State Children's Health Insurance Program, and the Qualified Medicare Beneficiary and Specified Low-Income Medicare Beneficiary programs, and to ensure that enrolled beneficiaries have access to health care.

We will support ongoing implementation of the State Children's Health Insurance Program (SCHIP) by:

- continuing ongoing discussions with Congress, advocates, and other interested parties to assure that the needs of children are being addressed by SCHIP.

- continuing to work with states to further expand and refine state programs through the approval of state plan amendments, the provision of technical assistance, and the dissemination of best practices.

We will **enforce** the Health Insurance Portability and Accountability Act (HIPAA), including direct oversight in direct enforcement states, and implementation (through regulations) of the various insurance reform provisions.

We will promote adoption of **legislation** to:

- allow Medicare buy-in for certain people below age 65.

- allow access to *all* Medigap options if a beneficiary is in an HMO that withdraws from Medicare.

- expand the initial six-month open-enrollment period in Medigap to newly disabled individuals and beneficiaries with End Stage Renal Disease.

- expand insurance coverage to parents of children in the State Children's Health Insurance Program and certain other targeted groups.

We will support **research** to:

- study the most effective ways to enroll children.

- evaluate the effectiveness of programs designed to provide insurance coverage for children.

- better understand the factors that impede or enhance access to health care insurance as well as access to health care for those who are insured.

- track state-level changes in health insurance coverage, access to care, health status, and use of health services.

- study the reasons people make the decisions they do (beyond non-affordability) regarding whether to purchase health insurance.

- evaluate the quality and outcomes of public insurance programs on child health and their access to appropriate health care services.

We will work with the National Association for Insurance Commissioners on developing **lower cost options** for Medigap supplemental health insurance.

(Agencies contributing to this objective: ACF, AHRQ, ASPE, CDC, HCFA, HRSA, SAMHSA)

Objective 3.2 ELIMINATE DISPARITIES IN HEALTH ACCESS AND OUTCOMES

How We Will Accomplish Our Objective

We will conduct **research and demonstrations** to learn:

- the underlying causes of racial and ethnic health disparities (such as discrimination, group values, epidemiology) in access to health care services and in the diagnosis, treatment, and delivery of medical services.
- how disparities in access affect health outcomes.
- in what types of organizations, providers, conditions, or settings disparities exist.
- how to eliminate disparities in a number of priority areas that include breast and cervical cancer, diabetes, adult immunizations, cardiovascular disease, stroke, and HIV/AIDS prevention/treatment.

We will work with state governments to reduce the disparity in health insurance coverage through improved **outreach and enrollment** efforts in our Medicaid and State Children's Health Insurance Program.

We will implement interventions through **quality improvement projects** through Medicare Peer Review Organizations to reduce disparity between care received by beneficiaries who are members of a disadvantaged group and other beneficiaries.

We will **enforce nondiscrimination** in treatment under Title VI of the Civil Rights Act by compliance reviews and investigations.

We also will provide **technical assistance and outreach** and develop **partnerships** with providers, medical schools, advocacy, and health professions organizations to help develop nondiscriminatory policies and practices in access and treatment.

We will promote the availability and use of **culturally appropriate health services**, practice, and communication strategies in our health programs.

(Agencies contributing to this objective: AHRQ, AoA, CDC, HCFA, HRSA, IHS, NIH, OCR, OPHS, SAMHSA)

Objective 3.3 INCREASE THE AVAILABILITY OF PRIMARY HEALTH CARE SERVICES FOR UNDER-SERVED POPULATIONS

How We Will Accomplish Our Objective

We will increase the **supply of minority/ethnic health care providers** who are likely to locate and remain in underserved communities most in need of primary health care services including those in need of mental and dental health services. Our efforts will focus on support for:

- additional National Health Service Corps personnel and application of best practices for the retention of personnel in underserved communities.

- scholarships and grants to American Indian and Alaska Native tribal college health professions programs, special pay authorities, and loan repayment to promote the ability of IHS, tribal, and urban programs to be competitive in recruiting and retaining health care providers to serve in American Indian and Alaska Native communities.

- minority student training programs designed to enhance the professional capacity of minority students and encourage them to pursue graduate level careers in public health.

We will expand **primary health care services** to underserved populations by:

- supporting additional Community Health Centers.

- outreach and reducing barriers to the participation of American Indians/Alaskan Natives in a variety of programs, including Medicaid, State Children's Health Insurance Program, and Maternal and Child Health.

- supporting the development of comprehensive systems of care in communities through implementation of the new Community Access Program.

- providing technical assistance and support to low-income communities and provider organizations in the communities to help develop culturally competent health care delivery systems and priority primary care services, including oral health, diabetes, substance abuse, and mental health treatment services.

- providing technical assistance to states, communities, and organizations working to improve the coordination of transportation resources and services and, therefore, improving access to primary health care.

We will improve the **integration of mental health and substance abuse services** into primary care by:

- testing and disseminating innovative models for integrating mental health and substance abuse services into primary and early childhood care such as through the "Starting Early-Starting Smart" program.

- supporting the development of community-based integrated systems of care that serve children with serious emotional disturbances.

We will fund **research** on primary care services, especially for priority populations, to identify gaps in access, quality, and outcomes and develop strategies, tools and programs to improve access and quality and train minority providers.

(Agencies contributing to this objective: AHRQ, ASPE, CDC, HRSA, IHS, SAMHSA)

Objective 3.4 PROTECT AND IMPROVE THE HEALTH AND SATISFACTION OF BENEFICIARIES IN MEDICARE AND MEDICAID

How We Will Accomplish Our Objective

We will **promote** the use of preventive services. Our efforts will focus on:

- launching a two year, nationwide education campaign beginning in 2001 to promote the use of preventive health services by older Americans and people with disabilities.

- employing approaches based on research findings to increase the utilization of clinical prevention and screening services, such as quality improvement projects to increase the rate of influenza and pneumococcal vaccinations, mammography screening, and retinal eye exams for diabetics.

We will **educate our beneficiaries** on how to seek high-quality, cost-effective health care. Our focus will be on:

- development of improved tools for measuring health plan, provider, and health care quality.

- developing and providing information to beneficiaries that is (1) consistent, accurate, understandable, convenient and accessible; (2) able to assist them in communications with their health care providers and making informed choices among alternatives for supplemental insurance coverage, health plans and providers, treatment options, and healthy behaviors; and (3) produced in a variety of formats that are culturally competent and recognize the needs of the diverse populations we serve.

- providing information on health plan options to beneficiaries through multiple channels, including print, Internet, toll-free telephone service, in-person counseling, and health fairs.

We will use **surveillance, research, and oversight** to protect our beneficiaries from substandard care and discriminatory care. Our focus will be on:

- establishing minimum quality performance standards for plans and providers, assessing performance, and rapidly excluding substandard care providers from our programs.

- providing performance information, guidelines, benchmarks, and improvement strategies to providers, plans, states, and beneficiaries and their advocates.

- developing, testing and employing surveillance tools, such as the Medicare Quality of Care Surveillance system, to identify potential difficulties with services.

- research on how to solve service problems.

- monitoring health plan and provider treatment of protected populations as changes in Medicare and Medicaid unfold to ensure that they are fairly treated, for example, ensuring that state and local agencies and health care providers communicate with limited English proficient and sensory-impaired individuals effectively.

We will **improve our Medicare services** by:

- making decisions about service coverage on the basis of the best evidence available about the quality and effectiveness of the service.

- assessing and understanding the health care and benefit needs of beneficiaries through focus groups, surveys, and questionnaires.

- providing choices to Medicare beneficiaries similar to those available through other purchasers of health care.

- educating Medicare beneficiaries and their caregivers to help them make sound health care decisions.

- sustaining health plan choices available to Medicare beneficiaries.

- modernizing Medicare benefits by pursuing enactment of a voluntary Medicare prescription drug benefit and the elimination of cost sharing for preventive services..

- developing the capacity of our staff and our service delivery partners to continuously improve consumer service to beneficiaries.

- supporting projects by Medicare Peer Review Organizations to increase the number of beneficiaries who receive the most optimal care available in the clinical priority areas that include Acute Myocardial Infarction, Heart Failure, Pneumonia, Stroke/Transient Ischemic Attack/Atrial Fibrillation, Diabetes, and Breast Cancer.

- using Health Outcomes Survey data to target improvements in care of Medicare beneficiaries.

- supporting the use of home and community-based services.

- implementing program demonstrations of more flexible delivery, payment, and coverage approaches to better meet beneficiary needs.

(Agencies contributing to this objective: AHRQ, HCFA, OCR)

Objective 3.5 ENHANCE THE FISCAL INTEGRITY OF HCFA PROGRAMS AND PURCHASE THE BEST VALUE HEALTH CARE FOR BENEFICIARIES

How We Will Accomplish Our Objective

We will use **value-based purchasing** for Medicare and Medicaid. Our strategy includes:

- pursuing enactment of private sector purchasing and quality improvement tools for Medicare; for example, care coordination, disease management, and a "competitive defined benefit" program to inject price and quality competition among health plans in Medicare.

- developing and disseminating and training state Medicaid contracting agents in effective legal contracting language in many areas including HIV/AIDS and mental health specifications.

- implementing policies designed to better align payments to market price and levels of care to patient needs and providing a range of plan choices to beneficiaries.

- conducting research on developing new payment systems, and evaluating the effectiveness of applying care management techniques and competitive bidding and pricing strategies.

We will **protect Medicare's financing** for the 21st Century by supporting the dedication of a portion of future budget surpluses to Medicare.

We will carry out an intense **fraud and abuse control** program where we will try to ensure that we pay the right amount to a legitimate provider for an eligible beneficiary. Our strategy will include:

- education of the provider billing community on payment policy, documentation, and fraudulent practices to increase their participation in reducing fraud and billing errors.

- increasing the effectiveness of Medicare claims reviews and look-behind reviews of medical documentation.

- using the best computer software and data systems designed to detect aberrant patterns and trends in Medicare billing.

- evaluating the Medicare Fraud and Abuse Control Program and using the results to improve performance and better direct resources.

- demonstrating effective models for reducing errors and preventing health care fraud, waste, and abuse.

- implementing a Payment Error Prevention Program through the Peer Review Organizations (PROs) to identify specific payment error problems in acute care hospitals and help the hospitals to establish payment compliance programs.

- working with State Medicaid Agencies in developing national program safeguard models in to promote program integrity among states.

- helping states to identify and resolve cross cutting issues between the Medicare and Medicaid programs that could result in vulnerability to fraud (e.g., cross-over claims, duplicate payments by Medicaid and Medicare).

- developing and implementing a method to inform state agencies about fraudulent activities that are currently occurring around the country.

- education of beneficiaries to identify and report instances of fraud.

- implementation of the Comprehensive Error Rate Testing program to produce contractor, benefit specific, and national error rates.

(Agencies contributing to this objective: AoA, HCFA, OIG)

OBJECTIVE 3.6 IMPROVE THE HEALTH STATUS OF AMERICAN INDIANS AND ALASKA NATIVES

How We Will Accomplish Our Objective

We will improve the **quality of and access to** health services for American Indian and Alaska Native people by:

- providing qualified, culturally competent health professionals with adequate facilities, staff, equipment, supplies, and training.

- promoting partnerships with tribes and urban programs, including tribal self-determination and community empowerment to solve local health difficulties by engaging communities in budget and policy development and expanding local control over use of resources.

- maintaining JCAHO accreditation of health care facilities.

- monitoring health status, and evaluating program effectiveness through expanded support of the tribal epidemiology centers.

- directing existing and additional resources to services that address health conditions that disproportionately affect AI/AN people, including diabetes, obesity, injuries, alcohol and substance abuse, oral diseases, cancer, family abuse and violence, mental disorders, mental diseases, and diseases and conditions related to poor living environments.

We will work to prevent malnutrition among Native American elderly by providing meals, counseling, and nutrition education.

We will **apply public health** practices to:

- improve the collection of standardized data to correctly identify AI/AN populations and tribes and monitor the effectiveness of health interventions.

- improve the understanding of the relationships among health status, different AI/AN tribes, tribal-specific health risks, and effective preventive and clinical services.

- identify and disseminate best practices in health care.

(Agencies contributing to this objective: AoA, CDC, HCFA, HRSA, IHS, OPHS, SAMHSA)

Objective 3.7 INCREASE THE AVAILABILITY AND EFFECTIVENESS OF SERVICES FOR THE TREATMENT AND MANAGEMENT OF HIV/AIDS

How We Will Accomplish Our Objective

We will support increases in **screening and treatment resources** for:

- Ryan White Act programs.

- a targeted capacity expansion program that integrates substance abuse treatment and services related to HIV/AIDS in African American, Hispanic/Latino, and other racial/ethnic communities.

- early identification and intervention for the prevention of maternal transmissions of HIV/AIDS.

- early medical intervention and treatment of American Indians and Alaska Natives with HIV/AIDS.

We will promote **access** to treatment services through dissemination of HIV treatment guidelines to Medicaid providers and support guideline dissemination to beneficiaries.

(Agencies contributing to this objective: HCFA, HRSA, IHS, OPHS, SAMHSA)

Objective 3.8 INCREASE THE AVAILABILITY AND EFFECTIVENESS OF MENTAL HEALTH CARE SERVICES

How We Will Accomplish Our Objective

We will carry out **research and knowledge development** activities to improve the effectiveness of mental health services. Our efforts will focus on:

- gathering state of the art information on the current status of our nation's cognitive and emotional health in order to set improvement goals (the Healthy Brain Project).

- assessing the outcomes and effectiveness of treatments for mental disorders among various populations, such as treatments for different groups of women, outcome differences related to cultural factors, and the interaction and impact of race, culture, and socioeconomic status in terms of patient preferences, treatments, and health outcomes.

- developing better preventive interventions, improved diagnostic tools, better medication, behavioral, and combined medication-behavioral interventions, and improved rehabilitation models.

We will improve the **capacity** of community mental health service providers to deliver comprehensive, integrated, culturally competent mental health services and improve mental health outcomes. Our strategy will focus on capacity building with particular priority populations and providers, including:

- providing seed money to *communities* through Community Action Grants to identify exemplary practices, build consensus for adoption of a specific practice, and provide technical assistance for adoption and implementation.

- increasing block grant resources that respond to the mental health and other services needs of those with *serious emotional disturbances*.

- promoting the use of culturally appropriate mental health services for *underserved populations*, such as ethnic and racial minorities.

- providing resources to communities through the "*Comprehensive Community Mental Health Services for Children and Their Families Program*," to develop comprehensive family-driven systems of care in which mental health services are coordinated with other services such as education, juvenile justice, and health services.

- educating *primary care providers* on the identification and referral of patients with mental health problems.

- educating *aging network* personnel on how to recognize and make available appropriate services for depression and other mental health problems among older Americans.

- developing and implementing strategies and providing technical assistance to states and health plans on how to improve the recognition and treatment of mental disorders among Medicaid and *dually eligible* (Medicaid/Medicare) *beneficiaries*.

- supporting centers and state collaboration efforts to provide mental health services to youth at risk for becoming runaway and homeless.

We will launch an **anti-stigma campaign**, based on the Surgeon General's report on mental health, in order to increase the likelihood that people will seek mental health services.

(Agencies contributing to this objective: ACF, AoA, FDA, HCFA, HRSA, NIH, OPHS, SAMHSA)

Objective 3.9 INCREASE THE AVAILABILITY AND EFFECTIVENESS OF HEALTH SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

How We Will Accomplish Our Objective

We will provide **technical assistance** to help states build the capacity of community health systems of services for children and families.

We will work with states and other stakeholders in efforts to **educate** special needs populations about delivery systems of care and the benefits with respect to coordinating services.

We will develop **performance measures** in conjunction with states and providers to increase standards for ensuring appropriate, quality care for special needs populations.

We will sponsor **research** on strategies to increase the availability and effectiveness of health care services for children with special needs. Research efforts include a nationwide survey on access and utilization; research will focus on areas such as payment and funding methods and screening tools for identifying special needs children.

Following the administration of a **nationwide survey** to estimate the prevalence of service access and utilization, we will utilize the information to fill gaps in services for children with special health care needs.

(Agencies contributing to this objective: AHRQ, HCFA, HRSA)

GOAL 4 IMPROVE THE QUALITY OF HEALTH CARE AND HUMAN SERVICES.

Improving quality of life and health in the U.S. also involves improving the delivery of human services and the quality of health care that persons receive. The focus of this goal and supporting objectives is on the implementation of a variety of strategies to improve health care quality. In this respect, several of the objectives parallel the goals in the Secretary's health care quality initiative (other elements of the initiative are included elsewhere in the strategic plan). On the human services side, quality improvement focuses on the generation of knowledge that can be translated into the improvement of human services.

While many Americans receive quality health care, there is disturbing evidence that quality is a problem in a number of areas. The Institute of Medicine estimates that as many as 98,000 persons die each year from medical errors. Under use of services is an ongoing challenge. For example, one study found that 30 percent of women age 52-69 in surveyed managed care plans had not received a mammogram in the previous 2 years. On the other hand, some services are used unnecessarily. One study indicated that half of all patients diagnosed with a cold and two-thirds of patients diagnosed with acute bronchitis received antibiotics which offer little or no benefit for these conditions. Screening tests are sometimes misread. One study found that anywhere from 10 to 30 percent of Pap smear test results were incorrectly classified as normal. Finally, improving health care quality must involve consumers and purchasers of health care who are knowledgeable about quality choices. Yet, the vast majority of Americans do not use quality-related information comparing the quality of health care plans, doctors, or hospitals to make choices.

The Department has been engaged in the development of a research strategy to better understand the transformations in human services programs. This strategy identifies the requisite knowledge base, data, performance measures, and program evaluations and research needs for national leadership. the movement towards devolution of responsibility for human services to state and local organizations and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 offer tremendous opportunities and unprecedented challenges in the redefinition and implementation of services to families. Documenting, understanding, interpreting, and facilitating the exchange of information and experiences among states is essential to promote soundly-based decisions and to promote the well-being of families and children.

Objective 4.1 ENHANCE THE APPROPRIATE USE OF EFFECTIVE HEALTH SERVICES

How We Will Accomplish Our Objective

We will support **research and evaluation** activities that will develop knowledge about effective health services and how best to promote use of those services. We will focus on:

- understanding the relationship between health care services and health outcomes and developing mechanisms to measure and monitor the quality of these services.

- developing tools to help individual practitioners and health systems apply the latest information on preferred treatment.

We will **disseminate knowledge** about effective health services through multiple mechanisms and partnerships, including our health networks and health care provider organizations. We will focus these activities on:

- disseminating knowledge development and application protocols/guidelines for prevention and treatment in mental health and substance abuse, particularly for challenging patient populations such as homeless persons with dual diagnoses.

- promoting the use of patient care guidelines on effective methods of delivering care in the public health arena for treatable diseases such as diabetes, arthritis, and tuberculosis.

- use of web sites and electronic clearinghouses to facilitate easy and wide-spread access to information.

- establish a national partnership with Department of Defense, Veterans Administration, state health agencies, hospitals, and health care organizations to develop and disseminate information on best ways of preventing medical errors. This will be done through benchmarking, providing grants for additional research on causes of medical errors, developing a data clearing house, and other information generation, gathering, and dissemination activities.

We will **monitor** the quality of care to ensure effective services are used. We will do this primarily through:

- national and local projects carried out by Medicare Peer Review Organizations to see if beneficiary care meets professionally recognized standards of health care; efforts will focus on six clinical topics: acute myocardial infarction, heart failure, pneumonia, stroke/transient ischemic attack/atrial fibrillation, diabetes, and breast cancer.

(Agencies contributing to this objective: AHRQ, CDC, FDA, HCFA, HRSA, NIH, OPHS, SAMHSA)

Objective 4.2 INCREASE CONSUMER AND PATIENT USE OF HEALTH CARE QUALITY INFORMATION

How We Will Accomplish Our Objective

We will support **research and evaluation** activities to establish scientific and public health information that will enable individuals to make informed health service choices. We will focus on:

- developing, testing, and disseminating quality measures that are effective and meaningful to consumers and patients for making choices about treatment and culturally competent health plan choices under the auspice of the Quality Interagency Coordination Task Force.

- developing and testing better methods of presenting information on quality to both general and specialized audiences.

We will **disseminate and publicize** health care quality information to consumers and patients through provider networks and other partners. Some features of our strategy will be to:

- develop an annual report on national trends in the quality of health care provided to the American people beginning in FY 2003.

- disseminate consumer-oriented report cards for patients receiving mental health services and their families.

- use culturally appropriate health care quality information.

- develop, test, and disseminate web-based and other patient education tools and materials and other information technology applications in health care.

(Agencies contributing to this objective: AHRQ, CDC, FDA, HCFA, HRSA, SAMHSA)

Objective 4.3 IMPROVE CONSUMER AND PATIENT PROTECTION

How We Will Accomplish Our Objective

We will implement the **Consumer Bill Rights and Responsibilities** in HHS health care programs and advocate for passage of a national Patient's Bill of Rights.

We will evaluate and monitor the effectiveness of **provider grievance and complaint procedures** in HHS health care programs. This will include:

- providing patients with information on how to exercise their grievance and appeal rights.

- investigating allegations of discrimination.

- developing clear and easy to understand informed consent documents.

- requiring organizations coming into our provider networks (e.g., Medicare+Choice organizations and other organizations with which we contract) to meet prescribed standards for grievance and appeal processes.

We will provide training and technical assistance to improve **protection and advocacy programs** (such as the Ombudsman program) for the elderly, mentally ill, and developmentally disabled individuals.

We will issue and enforce **privacy regulations** authorized under HIPAA medical records privacy provisions and advocate for comprehensive privacy legislation.

We will establish standards and conduct **survey and certification** activities for participation in Medicare and Medicaid by health care providers, including clinical laboratories.

(Agencies contributing to this objective: ACF, AoA, ASPE, HCFA, HRSA, IHS, NIH, OCR, SAMHSA)

Objective 4.4 DEVELOP KNOWLEDGE THAT IMPROVES THE QUALITY AND EFFECTIVENESS OF HUMAN SERVICES PRACTICE

How We Will Accomplish Our Objective

We will support research and evaluation activities that develop knowledge about effective delivery and quality of human services and promote the exchange of information and experiences among service providers by:

- making investments in our **research infrastructure** to improve our statistical modeling capacity, databases, and other tools necessary for research and evaluation.

- building on existing federal investments by working with public and private researchers to create a strong **understanding of key programs**, including Temporary Assistance for Needy Families, child care, child support enforcement, and child welfare.

- fostering **improvements in the quality of human services** through demonstration waivers, rigorous evaluations, carefully designed impact evaluations, and testing innovations in a variety of programs.

- maximizing the opportunity for basing policy and program design on reliable information through **technical assistance** that translates knowledge gained about outcomes and best practices into practice.

(Agencies contributing to this objective: ACF, AoA)

GOAL 5 IMPROVE THE NATION'S PUBLIC HEALTH SYSTEMS

In addition to behavior, access, and quality, the vitality of the public health system in the U.S. is essential to ensuring and improving the health of Americans. Therefore, Goal 5 is concerned with making sure the infrastructure of the public health system is sound.

Weaknesses in the public health infrastructure have been documented since 1988 (Institute of Medicine: The Future of Public Health). Most recently (February 1999), a General Accounting Office study reported that over half of state public health laboratories do not conduct tests for surveillance of hepatitis C and penicillin-resistant S. pneumoniae. According to the study, just over half of the state public health laboratories have access to advanced molecular technology. The study also reported that public health directors believe that the number of laboratory staff to perform tests and the number of epidemiology staff who can analyze data and translate surveillance information into disease prevention and control activities are insufficient. Other data indicates that access to technology on the part of public health staff is also limited. Only 48 percent of local health department directors have continuous high speed Internet access and only 83 percent of local health departments have staff who can search for and access public health information on the world wide web. CDC and FDA laboratories are overcrowded.

Objective 5.1 IMPROVE THE CAPACITY OF THE PUBLIC HEALTH SYSTEM TO IDENTIFY AND RESPOND TO THREATS TO THE HEALTH OF THE NATION'S POPULATION

How We Will Accomplish Our Objective

We will upgrade the **surveillance, risk assessment, and response capacity** of the public health system. Our priorities will focus on investments in infrastructure to improve responses to specific priority needs. These include:

- developing a National Electronic Disease Surveillance System (NEDSS) in order to monitor the emergence or re-emergence of a variety of *infectious diseases*.
- increasing funding to state health departments to expand their capacity to identify variations of *E. coli and Salmonella* and other pathogenic microorganisms, and to more rapidly exchange information.
- increasing the number of health care facilities that conduct surveillance of *occupational exposures and infections* using the National Surveillance System for Health Care Workers (NaSH).
- providing funding to increase surveillance for *influenza* in state and local health departments and global sites.

- provide support to rebuild state and local health departments' core *tuberculosis* prevention and control activities, including reporting of surveillance data essential for describing the epidemiology of tuberculosis.

- providing training, technical assistance, and funding to increase knowledge and improve capacity of state and local health departments to conduct *Hepatitis C Virus* counseling, testing, and referral demonstration sites.

- expanding funding for enhancing sentinel networks that will be capable of identifying early victims of *bioterrorism*.

- increasing funding to state/local health departments and hospitals for better surveillance, prevention, and control of *microbial resistance*.

- developing national data standards for surveillance to enable easier *transfer and sharing* of information.

- increasing funding to four tribal epidemiology centers to expand their capacity for surveillance of disease and health status of *Native Americans*.

- developing a surveillance mechanism to assess needs of people with *disabilities*.

- increasing funding to expand the number of states with *diabetes* programs that will have the core capacities for surveillance, communication, and assessment of quality of care.

- expanding the ability of states to track the performance and outcomes of their health programs through electronic reporting mechanisms which can enable program mangers to generate immediate information tailored to their interests and needs.

We will improve the public health **data infrastructure** by:

- providing training and support to state health statistics centers in the collection and interpretation of statistics for state-level decision making and cross-state comparisons.

We will improve public health **communications** by:

- funding cooperative agreements with states to support the Health Alert Network which helps develop electronic communications at all levels of government.

- developing prevention information systems (a National Data Coordinating Center Minimum Data Set) to provide substance abuse prevention practitioners with direct access to a wide range of scientifically sound prevention resources.

- producing and releasing public health data in clearer formats to better disseminate information on public health trends, issues, and difficulties/challenges.

We will invest in **public health staff/personnel** knowledge and skills. Our focus will be on:

- training research investigators, epidemiological workers (laboratory training), microbiological fellows, and public health management professionals.

(Agencies contributing to this objective: AHRQ, CDC, FDA, HRSA, IHS, NIH, OPHS, SAMHSA)

Objective 5.2 IMPROVE THE SAFETY OF FOOD, DRUGS, MEDICAL DEVICES, AND BIOLOGICAL PRODUCTS

How We Will Accomplish Our Objective

We will access state-of-the-art science necessary for timely and credible regulatory decisions by:

- recruiting top scientists.
- engaging in continuous training of the professional work force.
- maintaining up-to-date laboratories and equipment.
- participating in exchange programs with academia, public, and private sector organizations.
- engaging in collaborative, targeted research with the greater scientific community that addresses critical public health and safety issues.

We will improve **food safety** by:

- providing increased resources and technical assistance to the foodborne diseases surveillance network (FoodNet) to increase its capacity to identify sources of foodborne pathogens.
- developing new methods for fingerprinting bacterial, viral and parasitic foodborne pathogens.
- evaluating risk factors that contribute to foodborne illness and implement control measures to minimize the impact of these factors.
- providing training and education for consumers as well as state and local public health professionals on preventing and detecting foodborne illness.

- promoting adoption of the 1999 model food code through educational campaigns and training programs.

- increasing international collaboration with and technical assistance to other countries to improve surveillance systems and expanding the sharing of surveillance information globally.

- developing, disseminating, and conducting training, in consultation with industry partners, on Good Agricultural Practices and Good Manufacturing Practices for domestic fresh produce growers, packers, and shippers.

We will improve **drug safety** by:

- processing and responding quickly to reports of adverse drug events through the Adverse Events Reporting System which allows for prompt management of such data from drug companies.

- inspecting drug manufacturing and repackaging establishments to ensure conformance with good manufacturing practices.

- making more easily-understandable information about choosing and taking prescription and over-the-counter drugs available to consumers and health professionals to prevent misuse.

We will improve the safety of **medical devices** by:

- inspecting mammography facilities annually, taking enforcement action against those that do not meet acceptable standards for safety and quality.

- inspecting medical device manufacturing establishments, and reinspecting those showing serious deficiencies to see that they have complied with established standards.

- expanding the national network of hospitals and clinics that recognize and report adverse events relating to medical devices.

We will improve the safety of **biological products** by:

- processing and responding quickly to reports of adverse biological events through the Adverse Events Reporting System which allows for prompt management of such data from biologics companies.

- inspecting (and necessary reinspecting) biological manufacturing, repackaging and blood bank establishments for conformance with safety and purity standards.

(Agencies contributing to this objective: AHRQ, CDC, FDA)

GOAL 6 STRENGTHEN THE NATION'S HEALTH SCIENCE RESEARCH ENTERPRISE AND ENHANCE ITS PRODUCTIVITY.

The purpose of a "health research" goal is to recognize the prominence of health research in HHS and its importance in furthering the overall mission of improving the nation's health. It is recognized that many strategies under other goals and objectives are also research based. In this sense there is overlap. The objectives under this goal are, however, more general in that they speak to generally creating knowledge that ultimately is useful in addressing health challenges. In this respect, the objectives address, as in goal 5, the need to maintain and improve the research infrastructure that produces the scientific advances.

Objective 6.1 ADVANCE THE SCIENTIFIC UNDERSTANDING OF NORMAL AND ABNORMAL BIOLOGICAL FUNCTIONS AND BEHAVIORS

How We Will Accomplish Our Objective

We will advance our scientific knowledge by:

- **expanding our investments** in basic research.
- applying stringent **peer-review** for scientific quality on all research proposals in order to return the maximum possible on the public's investment in medical research.
- ensuring medical research is responsive to public health needs, scientific opportunities, and advancing technology using effective research **priority setting** processes.
- promoting **technology transfer** through such mechanisms as interagency collaborations and partnerships with academia and industry to facilitate the wide and rapid diffusion of new knowledge.

(Agencies contributing to this objective: AHRQ, CDC, FDA, NIH)

Objective 6.2 IMPROVE OUR METHODS FOR PREVENTING, DIAGNOSING, AND TREATING DISEASE AND DISABILITY

How We Will Accomplish Our Objective

We will improve our understanding of how to prevent, diagnose and treat disease and disability by:

- expanding the nation's **investments** in research to translate new fundamental knowledge into new or improved diagnostics, prevention strategies, and treatments.
- using **population-based research** to assess risks and behaviors associated with diseases, injuries, disabilities, and premature death.
- applying **stringent peer review** for scientific quality on all research proposals in order to return the maximum possible on the public's investment in medical research.
- sustaining processes for **research priority setting** that ensure medical research is responsive to public health needs, scientific opportunities, and advancing technology.
- promoting **technology transfer** through such mechanisms as interagency collaborations and partnerships with academia and industry to facilitate the rapid commercialization of new drugs, biologic therapies, and medical devices.

(Agencies contributing to this objective: AHRQ, CDC, FDA, NIH)

Objective 6.3 ENHANCE OUR UNDERSTANDING OF HOW TO IMPROVE THE QUALITY, EFFECTIVENESS, UTILIZATION, FINANCING, AND COST-EFFECTIVENESS OF HEALTH SERVICES

How We Will Accomplish Our Objective

We will improve our understanding of how best to deliver health services in the United States by:

- **increasing our investment** in health services research.
- identifying **key research questions** and select the highest-quality research proposals.
- creating **research partnerships** with states and private sector organizations.
- **focusing our research** on understanding how to improve: health services for **unserved and underserved populations** (e.g., minorities, populations in rural areas); improving financing; and

improving services that present significant challenges in terms of access and effectiveness (e.g., primary care, emergency care, long-term care, mental health).

(Agencies contributing to this objective: AHRQ, CDC, HCFA, NIH, SAMHSA)

Objective 6.4 ACCELERATE PRIVATE-SECTOR DEVELOPMENT OF NEW DRUGS, BIOLOGIC THERAPIES, AND MEDICAL TECHNOLOGY

How We Will Accomplish Our Objective

We will accelerate development by:

- **applying state-of-the-art science** knowledge to ensure timely review of important new medical products.
- **streamlining** the review processes for approval of new drugs, therapies, and technology, with emphasis on the review of new drugs intended to treat serious or life-threatening diseases.
- **increasing communications** and collaboration (e.g., cooperative research and development agreements) with sponsors both before and during the review process.
- **harmonizing** regulatory standards with those of other industrial nations.
- **prioritizing** by evaluating new medical devices quickly (while assuring their safety and effectiveness), with special attention to devices that offer the greatest potential for improving patient treatment.

(Agencies contributing to this objective: FDA)

Objective 6.5 STRENGTHEN AND DIVERSIFY THE BASE OF WELL-QUALIFIED HEALTH RESEARCHERS

How We Will Accomplish Our Objective

We will accomplish the objective by:

- **investing** in research training and career development programs.

- supporting programs at **minority and minority-serving institutions** that develop and expand the capacity to train health services researchers, and **recruiting** under-represented segments of society into research training and career development programs.

- developing and implementing a program to **broaden the geographic distribution** of health services research funding and enhance the competitiveness of institutions located in states that have a low success rate for grant applications.

(Agencies contributing to this objective: AHRQ, CDC, NIH, OPHS)

Objective 6.6 IMPROVE THE COMMUNICATION AND APPLICATION OF HEALTH RESEARCH RESULTS

How We Will Accomplish Our Objective

We will increase our **use of technology** to expand our dissemination capacity and reduce the time it takes to provide information to stakeholders, including the use of multiple media channels--such as print, television, radio, and the interactive World Wide Web–and the electronic gathering and transfer of information.

We will support **research** and other activities designed to develop better information dissemination models and programs.

We will **use new information technology** to facilitate the wide and rapid dissemination of new research findings across research disciplines to bridge the practice gaps among clinical and public health disciplines.

We will establish **partnerships** with health professional associations, industry groups, patient representatives, and purchasers of care to more widely disseminate research findings.

(Agencies contributing to this objective: AHRQ, CDC, FDA, HRSA, NIH, OPHS, SAMHSA)

Objective 6.7 Strengthen mechanisms for ensuring the protection of human subjects in research and the integrity of the research process.

How we Will Accomplish our Objective

We will strengthen mechanisms for ensuring protection of human subjects by:

- increasing and enhancing the educational opportunities for Institutional Review Board (IRB) members and staff, as well as the scientific community to facilitate their understanding and application of federal requirements for the protection of human subjects.

- promoting the use of voluntary accreditation of human-subject-protection programs and certification of IRB staff and members.

We will strengthen the integrity of the research process by:

- increasing staffing and, where appropriate, improving our review procedures for ensuring research integrity, and applying these improvements to increase the monitoring of research institutions.

- enhancing the way we address and resolve allegations of research misconduct; for example, adopting a standardized definition and policy for resolving allegations across the various federal research agencies.

- in collaboration with the scientific community, providing and facilitating required expanded training in the responsible conduct of research for our partner institutions.

- expanding efforts to conduct research on issues affecting research integrity, including methods to maximize effective training in responsible research, types of federal regulations that are effective and efficacious, and identification of institutional systems and processes that can be adopted to ensure responsible research.

(Agencies contributing to this objective: CDC, FDA, NIH, OPHS)

APPENDICES

APPENDIX A

Coordination

Many of the goals, objectives, and activities of programs administered by the Department are shared by programs within HHS and by other agencies within the Federal government. Similarly, many state and local government agencies and private organizations share goals, objectives, and activities with Department programs. Although many programs are working to achieve similar goals and objectives, the specific activities that they undertake to accomplish the goals are decisively different, and represent complementary approaches.

For example, a number of Department programs spend resources to reduce the use of tobacco (objective 1.1). The same is true of state and local health departments and other public and private health organizations. While working to achieve the same goal, the various agencies and organizations actually play quite different roles. CDC's Chronic Disease Prevention and Health Promotion program provides funds to states for the development of tobacco prevention programs. SAMHSA is charged with implementing the Synar Amendment and provides funds to states for compliance activities to prevent the sale of tobacco to minors. The National Institutes of Health supports research on ways to reduce nicotine addiction and how to provide better prevention and treatment interventions. OPHS works with Smoke-Free Kids, US Soccer, and other community coalitions to develop and incorporate prevention programs into their activities.

The path to making sure programs with shared activities work in a complementary way is not tread easily. It is tread by making **internal and external coordination** of programs and activities an important priority for the Department. In fact, success of the strategic planning process and the accomplishment of our goals and objectives depend to a large extent on how well coordination is done.

For the Department, coordination and teamwork are synonymous. We focus on:

- Internal Coordination–teamwork among Department programs that address the same goals and objectives.

- External Coordination–teamwork with other Federal agencies and public and private organizations with which the Department shares similar or parallel goals, objectives, or activities. and

- Service Delivery Partnerships–teamwork between the Department and the many state, local, tribal, and other public and private partners through which the Department delivers its programs.

Internal Coordination

Over 300 Department programs make up the resource base that the Department deploys to implement the goals and objectives in the strategic plan. Table C [under development] shows that deployment with program categories aggregated. It is evident from the table that a significant number of programs are deployed to achieve each goal and objective.

The table illustrates a major challenge that exists for the Department. That challenge is to make sure that each of its programs contributes to the achievement of Department goals and objectives in a way that is complementary and that Department resources are used efficiently.

How the challenge is met and coordination achieved is critical. In fact, it is achieved in a number of ways:

Planning Systems

The Department maintains a number of planning systems that afford the Department the opportunity to coordinate program operations across the operating divisions. In this respect, strategic planning, annual performance planning, and the annual budget process are primary tools for reviewing program priorities and harmonizing program activities. For example, the strategy sections of strategic and annual performance plans are used to plan and delineate the complementary roles of the various programs for achieving a particular goal. Additionally, the budget process gives Department staff the chance to review resource allocations each year and eliminate overlap and duplication.

In addition to these major planning systems, the Department also coordinates department-wide input for developing legislative proposals and commenting on regulatory issues. More broadly, the Department has an annual planning process for its research, demonstration, and evaluation activities, which involves representatives from all HHS agencies.

Joint Initiatives

Both to advance important areas of policy interest and to promote program coordination, the Department routinely designates special initiatives and assigns management responsibility to two or more operating divisions. The Department's health disparity and bioterrorism initiatives are representative. The Initiative to Improve Health Care Quality is another example, through which representatives from all HHS agencies collaborate to make information on quality easier for consumers to use (Objective 4.2), strengthen value-based purchasing by the Department (Objective 3.5), improve the quality of health care services delivered directly by Department programs (Goal 4), expand research that improves quality (Goals 4 and 6), and measure national health care quality (Goals 4 and 5). Joint management works well to coalesce program activities and allocate resources in a way that promotes efficiency and coordination. These special initiatives are subsequently incorporated into the strategic and performance plans.

Coordinating Committees/Activities

On a more permanent basis, the Department establishes coordinating councils as a way to integrate a variety of internal activities. The most important of these are:

- The Public Health Council (consisting of Agency heads or deputies) meets quarterly to ensure coordination and communication across public health and other HHS agencies for the purpose of sustaining and improving the nation's public health infrastructure.

- The Data Council advises the Secretary on data policy and serves as a forum for consideration of those issues. The council also coordinates the Department's data collection and analysis, and ensures effective long-range planning for surveys and other investments in major data collection.

- The Oral Health Coordinating Committee examines issues of oral health that cut across all HHS agencies, such as reimbursement rates, children's health insurance, and the like.

- The Interagency Narcotic Treatment Policy Review board coordinates federal policy regarding the use of methadone. As such the board helps ensure that agencies responsible for regulatory and oversight activities, funding, technical assistance, and policy development have an opportunity to meet, deliberate, and review and comment on pertinent agency/departmental issues. Membership includes representatives from FDA, SAMHSA, NIDA, HCFA, OS, Department of Veterans Affairs, Drug Enforcement Administration, and Office of National Drug Control Policy.

- The Interagency Coordinating Committee plans and reviews research work on fetal alcohol syndrome among NIH, AHRQ, CDC, HRSA, and IHS.

- The Healthy People 2010 steering committee consisting of all HHS Operating Divisions/agencies to coordinate, advise, and plan target setting and measuring for health and social services throughout the department.

- The Quality Interagency Coordination Task Force (QuIC) ensures that all federal agencies involved in purchasing, providing, studying, or regulating health care services are working in a coordinated way toward the common goal of improving quality of care.

- The Minority Initiatives Steering Committee and Minority Initiatives Coordinating Committee coordinate efforts to improve the health of racial and ethnic minorities across the Department.

- The Chief Financial Officers Council ensures that HHS's financial management policy and reporting supports program missions by providing accurate, timely, and useful information for decision making. The council is also responsible for reporting financial information to the Congress, Office of Management and Budget (OMB), General Accounting Office (GAO), the Department of the Treasury, and the public.

- The Chief Information Officer (CIO) Advisory Council includes membership from each of the HHS agencies. The council advises the Chief Information Officer on the promotion of Department-wide IRM goals, strategic policies and initiatives, and enhances communications among the agencies. Members of the CIO Advisory Council also serve as members of the HHS Information Technology Investment Review Board.

Service Delivery Partnerships

Although the Department delivers services directly under several programs—most notably the Food and Drug Administration and the Indian Health Service—HHS relies on a large network of state, local, and tribal government organizations, contractors, and private entities, with varying degrees of autonomy, to help develop and carry out the goals, objectives, and programs of the Department. Services delivered by these organizations range from financing and providing health services (Medicaid, community health services) to the delivery of services that help families, communities, and individuals improve their well-being (temporary assistance to needy families, Head Start, refugee assistance).

Several aspects of coordination are essential to these service delivery partnerships. First, the role of each partner must be well defined. Second, there must be a mutual understanding of the goals and objectives of the partnership. Finally, there must be a continuing dialogue between the partners to address ongoing policy and operational issues. Coordination in this respect is achieved in a variety of ways:

- Consultation with partners in the development of the Department's program goals and objectives
- Cooperative partnership agreements (grants, contracts, memorandums of understanding)
- Partnership meetings
- Advisory councils

External Coordination

A number of Federal, public, and private agencies and organizations have goals and objectives and run programs that parallel or intersect those of the Department. Often the people being served are the same or similar. For example, the Department's Food and Drug Administration share food safety and inspection responsibilities with the Department of Agriculture and with state and local health departments. In these cases it is important to ensure that efforts are harmonized, not duplicated. This is done in a number of ways such as joint planning, coordinating councils and workgroups, and cooperative agreements. Table A that follows lists the major areas where the Department shares parallel or intersecting programs and activities with external organizations and where coordination is important. The table also provides examples of the ways in which these organizations and the Department go about coordinating efforts.

Table A
EXTERNAL COORDINATION

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
GOAL 1: Reduce the Major Threats to the Health and Productivity of All Americans				
Objective 1.1 Reduce tobacco use, especially among youth	Campaigns/education to prevent tobacco use	CDC, NIH, SAMHSA, IHS	State and local departments, health promotion & research organizations	Cooperative agreements, HHS Interagency Working Group on Tobacco
	Support for National longitudinal study of adolescent health	NIH, CDC	Robert Wood Johnson Foundation	Joint planning and funding

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 1.2 Reduce the incidence and impact of injuries and violence in American society	Development of a citizen's information hub, producing reports on youth violence, expanding the Safe Schools/Healthy Students model of collaboration; providing tools for parents to deal with violence, coordinating Federal research agenda, developing further policy recommendations.	CDC, NIH, SAMHSA	Departments of Education, Justice, and Labor.	White House Council on Youth Violence
	Surveillance/research on the causes of injury and violence and development of prevention strategies	CDC, IHS, ACF, SAMHSA	Departments of Justice, Transportation, and Labor; Consumer Product Safety Organizations; State and local health departments	Cooperative agreements and contracts.
	Campaigns/education to prevent violence and injury	CDC, IHS, ACF, SAMHSA, HRSA, AoA	Departments of Justice, Transportation, and Labor; Consumer Product Safety Organizations; Multiple state, tribal, and local government agencies; community organizations	Cooperative agreements, joint planning
	Research on violence and injury to children.	NIH, CDC, ACF, HRSA	Departments of Justice, Education, World Health Organization, Brain Injury Association, American Academy of Physical Medicine and Rehabilitation	Cooperative agreements
	Research on elder abuse	NIH, AoA, CDC	Census Bureau	Interagency

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 1.3 Improve the diet and the level of physical activity of Americans	Development of national dietary guidelines and nutrition research	CDC, OPHS, NIH, ACF, AoA, FDA, HRSA, IHS, SAMHSA	Department of Agriculture, Defense, and Commerce, NSF, AID, VA, NASA, OSTP, American Public Health Association	Cooperative agreements and contracts.
	Physical activity/fitness and healthy diet promotion/education	CDC, HRSA, OPHS, AoA, IHS, President's Council on Physical fitness and Sports	Department of Agriculture; State and local health departments; Tribes; other national, state and local organization promoting healthy behaviors	Cooperative agreements, contracts, joint planning.
Objective 1.4 Reduce alcohol abuse and prevent under age drinking	Alcohol addiction treatment services	SAMHSA, IHS	State, tribal, and local health departments, Community Treatment Organizations	Joint planning
	Alcohol abuse prevention campaigns	SAMHSA, HRSA	Departments of Transportation, Education and Justice; state and local health departments, community organizations	Joint planning
		SAMHSA, OPHS	National Institute on Alcohol Abuse and Alcoholism, representatives from the research field	Joint initiative

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 1.5 Reduce the abuse and illicit use of drugs	Development and Implementation of National Drug Control Policy	SAMHSA, CDC, NIH, FDA	ONDCP, Departments of Education, Justice, Treasury, Housing and Urban Development and Transportation	ONDCP National Drug Control Strategy
	Drug addiction treatment services	SAMHSA, IHS	State, tribal, and local health departments, Correctional Institutions, Community Drug Treatment Organizations	Discretionary and formula grant administration; national and regional meetings; targeted technical assistance
	Implementation of the Federal drug free workplace program	SAMHSA	All Federal agencies	Central policy guidance and oversight of Federal agency programs
	Research	HRSA, NIH, SAMHSA, CDC	Departments of Energy, Labor, and Justice; Veterans Administration, National Science Foundation, Uniformed Services University of the Health Sciences	Cooperative agreements; Attorney General's Methamphetamine Task Force; Interagency Narcotic Treatment Policy Review Board

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 1.6 Reduce unsafe sexual behaviors	Prevention programs	OPHS, CDC, HRSA, IHS	State and Local Departments of Education and Health, national and community delivering prevention programs	HIV/Aids Prevention Community Planning Process
	Prevention programs	NIH, CDC	USAID, World Health Organization, UNAIDS, European Union, Medical Research Council of the United Kingdom, Rockefeller Foundation	International working group on Microbicides, Sexually Transmitted Disease Diagnostics Initiative, Syphilis Research Initiative.
	Surveillance	CDC	State and Local Department of Health, other national and community organizations	Cooperative agreements
Objective 1.7 Reduce the incidence and impact of infectious diseases	Surveillance	CDC, FDA, NIH	Department of Agriculture, State and local health departments, International Health Organizations	Cooperative agreements
	Prevention/Control (Immunization) Programs	CDC, FDA, IHS, HCFA, HRSA	state and local health departments, state Medicaid agencies, health care providers, voluntary health organizations	Joint planning and cooperative agreements
	Research	NIH, FDA, CDC, AHRQ, HRSA	Environmental Protection Agency, Departments of Defense and Agriculture, Veterans Administration	Interagency Task Force on Antimicrobial Resistance

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
GOAL 2: Improve the Economic and Social Well-being of Individuals, Families, and Communities in the United States				
Objective 2.1 Improve the economic independence of low income families, including those receiving welfare	Education/Job Skills Training for welfare and low income persons	ACF	Departments of Labor and Education	Interagency Unified Planning Workgroup
Objective 2.2 Increase the parental involvement and financial support of noncustodial parents in the lives of their children	Locating delinquent parents and enforcing child support orders	ACF	Departments of Justice, State, and Treasury; State Child Enforcement Agencies	Expanded Federal Parent Locator Service
Objective 2.3 Improve the healthy development and learning readiness of preschool children	Delivery of early childhood health, education, and developmental services; also, training and technical assistance that support health performance measures	ACF, HRSA, HCFA, IHS, OPHS, SAMHSA	Department of Education, state, tribal, and local Education Agencies, State and local health departments, State Medicaid agencies, Health Care Providers, Head Start Providers, Day Care Providers	Joint planning, interagency agreements, cooperative agreements
Objective 2.4 Improve the safety and security of children and youth	Child abuse prevention, child welfare and independent living support services	ACF, SAMHSA	Departments of Justice and Labor	Joint planning; committees

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 2.5 Increase the proportion of older Americans who stay active and healthy	Research	NIH, AoA, CDC, OPHS - President's Council for Physical Fitness and Sports	National Academy of Sciences, NASA	Interagency agreements
Objective 2.6 Increase independence and quality of life of persons with long-term care needs	Long-term care services	HCFA, AoA, OCR, SAMHSA, NIH	State Developmental Disability Agencies, Long-term Care Providers, State and Local Agencies on Aging, state Medicaid agencies	Joint planning
Objective 2.7 Improve the economic and social development of distressed communities.	Community development/social services	ACF, HRSA	Department of Housing and Urban Development, local community development and social service organizations	Joint planning

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
GOAL 3: Improve Access to Health Services and Ensure the Integrity of the Nation's Health Entitlement and Safety Net Programs				
Objective 3.1 Increase the percentage of the nation's children and adults who have health insurance coverage	Oversight of HIPAA	HCFA	Departments of Labor and Treasury	Joint Regulatory Development
	Enrollment outreach	HCFA, ACF, HRSA	Departments of Agriculture and Education, Child care providers, Early education providers, state and local health departments, state Medicaid agencies	Partnership Agreements, joint planning
	Resolution of consumer issues	HCFA	DOL, State Departments of Insurance	Ad-hoc meetings and joint planning
			National Association of Insurance Commissioners	Participation in quarterly meetings
Objective 3.2 Eliminate disparities in health access and outcomes	Nondiscrimination in access to quality health care	OCR, AHRQ, HCFA, OPHS	State and local health departments, state Medicaid agencies, health care providers, state and local provider organizations, medical societies, universities, faith communities, and civil rights advocacy and community-based organizations	Local coalitions
Objective 3.3 Increase the availability of primary health care services for underserved populations	Financing and delivery of health care services for underserved population	HCFA, HRSA, IHS, SAMHSA	State and local health departments, state Medicaid agencies, Health Care Providers	Joint planning

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 3.4 Protect and improve the health and satisfaction of beneficiaries in Medicare and Medicaid	National Medicare Education Program	HCFA	Employers, Unions, major trade and professional societies, consumer and senior advocacy groups	Joint planning with Medicare "Alliance Network" of over 130 national groups
	Linking data sources	HCFA	SSA, Census Bureau	Interagency Agreements
	Standardized data collection, measurement, analysis, and intervention strategies	HCFA, AHRQ	Departments of Labor and Defense and Veterans Administration	Joint planning through the Quality Improvement Interagency Coordinating Task Force
Objective 3.5 Enhance the fiscal integrity of HCFA programs and purchase the best value health care for beneficiaries	Anti Fraud and abuse programs	HCFA, OIG, AoA	Department of Justice	Interagency agreements
Objective 3.6 Improve the health status of American Indians and Alaska natives	Leveraging resources for additional health care services and related community development programs (empowerment and community development); child protection services; demonstration projects for specific aspects of health improvement	IHS, ACF's Admin. for Native Americans	Departments of Interior, Housing and Urban Development, Transportation, and Justice	Interagency agreements and joint planning

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 3.7 Increase the availability and effectiveness of services for the treatment and management of HIV/AIDS	Financing of HIV/AIDS treatment services	HRSA, HCFA, IHS	State and local health departments, state Medicaid agencies, community health providers, AI/AN Tribes	Joint planning, interagency agreements
Objective 3.8 Increase the availability and effectiveness of mental health care services	Building community-based systems of care	SAMHSA, HRSA, ACF	Departments of Education and Justice, State and Community Mental Health Service Providers, Substance Abuse Service Providers, Homeless Providers	Joint planning
	Financing of mental health services	SAMHSA HCFA, HRSA,	State and Community Mental Health Service Providers, state Medicaid agencies	Joint planning
Objective 3.9 Increase the availability and effectiveness of health services for children with special health care needs	Delivering health care services to children with special health care needs	HRSA, HCFA	Departments of Education and Labor, State and local Departments of Health, state Medicaid agencies, President's Council on Disabilities	Joint planning
	Provision of information and education on health care resources for children with special health care needs	HRSA	State and local departments of health, health care providers, American Academy of Pediatrics, community organizations	Joint planning

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
GOAL 4: Improve the Quality of Health Care and Human Services				
Objective 4.1 Enhance the appropriate use of effective health services	Evaluating and disseminating the results of effectiveness research Quality Improvement Interagency Coordinating Task Force initiatives	AHRQ, HCFA, HRSA, NIH, CDC AHRQ, HCFA, HRSA	Institutions of Higher Education, public and private health care and medical societies Department of Labor, and all federal departments with health care responsibility	Clearinghouse Joint planning through the Quality Improvement Interagency Coordinating Task Force (QuIC)
Objective 4.2 Increase consumer and patient use of health care quality information	Quality improvement, such as development and dissemination of health care quality information and review of Quality Navigational Tool for Medicare beneficiaries	HCFA, HRSA, AHRQ, IHS	Departments of Labor, Defense, and the Veterans Administration, and all federal departments with health care responsibility	Joint planning, Quality Improvement Interagency Coordinating Task Force, Interagency agreements
Objective 4.3 Improve consumer and patient protection	Quality improvement Focus on improved quality of care in long-term care facilities to improve nutrition and hydration and to avoid the abuse and neglect of resident populations	AHRQ, HCFA, HRSA, NIH HCFA, AoA, SAMHSA	Department of Labor, and all federal departments with health care responsibility Department of Justice, Nursing Home Medical Directors Association, American Dietetic Association	Joint planning through the Quality Improvement Interagency Task Force (QuIC) Cooperative agreements.
Objective 4.4 Develop knowledge that improves the quality and effectiveness of human services practice	Support of research	ACF, ASPE	Institutions of Higher Education, Foundations/key university researchers, State Human Service Agencies	Inter-agency work group; annual conferences

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
GOAL 5: Improve the Nation's Public Health Systems				
Objective 5.1 Improve the capacity of the public health system to identify and respond to threats to the health of the Nation's population	Development of bioterrorism and other surveillance and response networks	CDC, OPHS, SAMHSA, NIH, FDA	Departments of Agriculture, Defense, Justice, & Transportation, Federal Emergency Management Administration, State and local Health Agencies	Cooperative agreements, Federal Interagency Workgroup
	Upgrading the public health information infrastructure	CDC, HRSA, SAMHSA	State and local health and substance abuse prevention and treatment agencies	Cooperative agreements

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 5.2 Improve the safety of food, drugs, medical devices, and biological products	Food Inspection and Outbreak Surveillance	FDA, CDC	Department of Agriculture, Environmental Protection Agency, State and local health departments	Federal Council on Food Safety, Foodborne Outbreak Coordinating Group, Cooperative Agreements, Integrated Surveillance Networks (e.g. FoodNet)
	Food Safety Research, Education and Information Dissemination to Regulated Industries	FDA	Department of Agriculture, Institutions of Higher Education, National Center for Food Safety and Technology, Joint Institute for Food Safety Research and Applied Nutrition (JIFSAN), Food and Drug Law Institute, Drug Information Association	Advisory Councils, Cooperative Agreements, MOUs
	Inspection of imports	FDA	U.S. Customs Service	Cooperative development of process
	Blood products and vaccine safety	FDA, NIA, CDC	American Red Cross, State Health Departments, Blood Banks, WHO, American Academy of Pediatrics	Collaborative standard setting

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
GOAL 6: Strengthen the Nation's Health Science Research Enterprise and Enhance its Productivity				
Objective 6.1 Advance the scientific understanding of normal and abnormal biological functions and behaviors	Scientific research	NIH, CDC, FDA, AHQR.	Extramural research community: universities, hospitals, other research centers. Other federal agencies such as NASA, Department of Education, and Environmental Protection Agency. Private industry.	Research partnerships Joint program/project planning and coordination. technology transfer agreements.
Objective 6.2 Improve our methods for preventing, diagnosing, and treating disease and disability	See 6.1			
Objective 6.3 Enhance our understanding of how to improve the quality, effectiveness, utilization, financing, and cost-effectiveness of health services	Health services research	AHRQ, NIH, CDC, HCFA, HRSA, SAMHSA	Institutions of Higher Education, Research Foundations, voluntary health organizations	Cooperative agreements, grants, contracts, research conferences

Objective	Crosscutting Activity	HHS Agencies	External Organizations	Coordination Means
Objective 6.4 Accelerate private-sector development of new drugs, biologic therapies, and medical technology	Harmonizing regulatory standards	FDA	Foreign Governments and Organizations	International committees and organizations
Objective 6.5 Strengthen and diversify the base of well-qualified health researchers	Training and career development programs	NIH, HRSA, AHRQ, CDC	Institutes of higher education	Advisory committees, co-issued grant announcements, grants.
Objective 6.6 Improve the communication and application of health research results	Health communication and education programs	NIH, CDC, FDA, AHRQ, HRSA, OPHS/ President's Council for Physical Fitness and Sports	Institutes of higher education, voluntary health-related organizations, community organizations, state and local health departments, private sector organizations.	Memoranda of understanding, partnership agreements, conferences/ meetings
Objective 6.7 Strengthen mechanisms for ensuring the protection of human subjects in research and the integrity of the research process.				

APPENDIX B

EXTERNAL FACTORS

In some cases, achieving our strategic goals and objectives may be impaired by factors that are beyond the control of the Department. For example, national or local economic conditions can influence whether we are successful in helping families on welfare become economically independent. In some cases, there may be ways to ameliorate the impact of these conditions on our strategies and objectives. In other cases, there may not. The following table (Table B) provides a list of the significant economic, human, environmental, etc. factors that could present challenges for management, and could affect whether or how well we achieve our strategic goals and objectives. We also provide an indication of actions that might be taken to ameliorate these factors should they arise.

Table B
EXTERNAL FACTORS

Goal/ Objective	External Factor	Effect on strategies/goal/objective	Response to mitigate factor
GOAL 1: Reduce the Major Threats to the Health and Productivity of All Americans.			
Objective 1.1 Reduce tobacco use, especially among youth.	States use of tobacco settlement funds to conduct campaigns to encourage youth and adults not to smoke.	State use of settlement money for anti-smoking purposes would greatly assist HHS efforts/strategies.	Encourage states to foster effective use of settlement money.
	Federal cigarette tax rate	Higher rates restrict smoking among youth.	Congressional action would be necessary.
Objective 1.2 Reduce the incidence and impact of injuries and violence in American society.	Demographic and economic trends.	Higher rates of violence are associated with economic distress and the size of the population below age 25.	Expand effective youth development programs. Maintain safety net programs.
	Increases or decreases of violence in the media.	Violent behaviors influenced by media exposure may go up or down with level of violence in media.	Encourage media to reduce display/presentation of violence.
	Trends in requirements for the use of occupational and recreational safety equipment (e.g., safety helmets).	Safety equipment reduces amount and extent of injuries.	Promotion of increased collaboration and sharing of information between public safety interest groups and all levels of government to strengthen safety requirements.
Objective 1.3	Decreases in availability of	Decreasing availability of,	Promote studies of excellent

Goal/ Objective	External Factor	Effect on strategies/goal/objective	Response to mitigate factor
Improve the diet and the level of physical activity of Americans.	public facilities, such as biking and walking trails, to promote physical activity.	proximity to, and access to local recreational facilities can influence amount of physical exercise.	facilities and provide communities with tools that will enable them to assess their own community facilities.
	Availability of time and resources available to adopt and maintain a healthy diet and exercise program.	Many Americans (e.g., single working mothers) are too pressed in terms of daily schedules or finances to regularly exercise or eat nutritional meals.	Promote adoption of family friendly workplaces. Work with Department of Education to encourage schools to further increase proportion of schools that provide access to physical activity spaces and facilities for people, outside of normal school hours.
Objective 1.4 Reduce alcohol abuse and prevent under age drinking.	Reluctance of states and local governments to develop community policies that limit the accessibility of alcohol, impose low blood alcohol concentration levels, and impose swift and severe penalties for drunk driving.	The presence of these community policies are linked to decreases in alcohol abuse.	Promote increased collaboration with and sharing of information between public interest groups and all levels of government to strengthen alcohol policies.
Objective 1.5 Reduce the abuse and illicit use of drugs.	Unforeseen emergence of new "designer" drugs that are initially seen as benign.	New epidemics could emerge and push up drug use.	Maintain surveillance systems and react quickly to proscribe and publicize dangers and consequences of new drugs.
Objective 1.6 Reduce unsafe sexual behaviors.	No major External Factors identified.		
Objective 1.7 Reduce the incidence and impact of infectious diseases.	Periodic outbreaks as a result of emerging and re-emerging drug-resistant bacteria and viruses, imported food products, and immigration.	These factors may result in fluctuations in the rates of infectious diseases in the U.S. Prevention efforts may not be entirely successful in areas such as illegal immigration and drug-resistant microbes.	Continue to direct medical research toward difficulties such as drug-resistant microbes. Cooperation with other countries on control and eradication of infectious diseases and food importation standards.

Goal/ Objective	External Factor	Effect on strategies/goal/objective	HHS Response to mitigate factor
GOAL 2: Improve the Economic and Social Well-being of Individuals, Families, and Communities in the United States			
Objective 2.1 Improve the economic independence of low income families, including those receiving welfare	Economic conditions.	Historically, welfare recipients, low income minorities and persons with disabilities are more vulnerable to unemployment during recessions. This may offset efforts in job training and placement.	Prioritize activities and focus resources on the most cost-effective program elements: emphasize job skill acquisition, education, and job placement targeted to higher end, more skilled employment in areas less volatile under changing economic conditions. Also, continue to ensure the provision of safety net services for transition during economic downturns.
Objective 2.2 Increase the parental involvement and financial support of noncustodial parents in the lives of their children.	Economic conditions. Work/time demands on parents.	Non-custodial parents may lose jobs/income resulting in fluctuations in income support ability. Work stress and parental difficulty finding time for involvement with children result in high levels of family conflict and family discord; children grow up without parental role models.	Increase efforts to achieve more emotional involvement of non-custodial parents with their children to encourage job retention or greater efforts to find employment during economic downturns. See Objective 1.3.
Objective 2.3 Improve the healthy development and learning readiness of preschool children.	No major External Factors identified.		
Objective 2.4 Improve the safety and security of children and youth.	Economic conditions. Impact of welfare reform	Family stress is greater as economic situations deteriorate leading to increased potential for violence and family breakup. The success or failure of programs for low-income families as part of	Maintain integrity of safety net programs. Provide States with training and technical assistance to

		welfare reform will have an unknown impact on the child welfare system over the next several years.	demonstrate how they might effectively use of TANF resources to combat any negative impact of welfare reform that might emerge.
Objective 2.5 Increase the proportion of older Americans who stay active and healthy.	No major External Factors identified.		
Objective 2.6 Increase independence and quality of life of persons with long-term care needs.	Economic conditions Success of efforts to make medical insurance available to disabled persons who work.	Putting qualified working-age adults with disabilities to work calls for job availability. Decreases in state and local budgets could result in a reduction in funding for home and community-based placements for individuals with disabilities. Disabled individuals rely on continuing medical insurance to maintain employment. The success of efforts to protect access to affordable insurance will affect decisions of disabled persons to move from dependency to work.	See objective 2.1. Monitor recent changes in access to medical insurance to see if further modification to existing legislation is needed.
Objective 2.7 Improve the economic and social development of distressed communities.	Overall economic conditions as well that of particular geographic regions.	Economic decline is correlated with fewer jobs and lack of economic development.	Focus resources in the most depressed/vulnerable geographic areas.

Goal/ Objective	External Factor	Effect on strategies/goal/objective	HHS Response to mitigate factor
GOAL 3: Improve Access to Health Services and Ensure the Integrity of the Nation's Health Entitlement and Safety Net Programs.			
Objective 3.1 Increase the percentage of the nation's children and adults who have health insurance coverage.	Economic conditions.	Economic variables affect business decisions to provide employee health insurance and decreasing family income and job loss cause increases in the uninsured. Decision by state insurance regulators also affect insurance coverage.	Focus on outreach to enroll eligible persons in safety net programs. Monitor trends in coverage and propose legislative or regulatory changes where needed.
Objective 3.2 Eliminate disparities in health access and outcomes.	Economic conditions.	An increase in the number of uninsured persons affects minorities disproportionately, decreasing their access to quality care.	See objective 3.1.
Objective 3.3 Increase the availability of primary health care services for underserved populations.	Economic conditions.	See objectives 3.1 and 3.2.	See objectives 3.1 and 3.2.
Objective 3.4 Protect and improve the health and satisfaction of beneficiaries in Medicare and Medicaid	Instability due to structural and financial changes in the health care industry, the changing nature and complexity of health care, and rapid changes in health care technology.	Possible decline in beneficiary satisfaction with access to and quality of services.	Utilize data sources to understand health care needs of beneficiaries and develop proposals for improving services where possible. Also, use of improved evidence-based processes for addressing Medicare coverage issues.
Objective 3.5 Enhance the fiscal integrity of HCFA programs and purchase the best value health care for beneficiaries.	Increasing amounts and more original types of fraud and abuse.	Changes in health care delivery, such as increasing managed care enrollment and new coverage (e.g., new preventive benefits) and payment policies (e.g., new prospective payment systems for skilled nursing facilities and home health agencies) introduce new program designs which may bring shifting incentives for waste, fraud, and abuse.	Continual analysis of patterns of fraud, waste, and abuse and ongoing training of investigators to recognize and deal with new types of fraud that emerge. Development of partnerships with public interest groups and health industry organizations to intensify and broaden the fight against fraud.

	Demographic changes/aging of the population.	Variation in birth rates and improvement in life expectancy, are expected to result in major increases in the number of older persons relative to those of working age beginning in 2010. Current analyses based on that projection predict that, with the expected drop in the ratio of active workers to retirees, payroll tax revenues will not keep pace with expected Medicare expenditures. Also, a larger number of elderly beneficiaries has implications for Medicaid as well as Medicare, in part because of Medicaid's role in financing long-term care services.	Work with the Executive Branch and the Congress for a bipartisan commitment to address the long-term financial challenges.
Objective 3.6 Improve the health status of American Indians and Alaska natives.	Continued poor economic conditions in American Indian/Alaska Native communities.	Because poverty is a strong correlate with poor health status, making significant progress in improving the health status of American Indian and Alaska Native people is likely to be limited in the face of extreme and persisting poverty.	Expand efforts to collaborate with agencies and organizations that have the potential to increase economic development in American Indian and Alaska Native communities. Expand the development of preventive technologies that are less dependent on individual compliance and refractory to the negative effects of poverty.
	Reduced per capita appropriations for the health care of the American Indian and Alaska Native people.	Reduced per capita funding for the IHS would result in lower access to essential services and ultimately greater disparities in the health status of American Indian and Alaska Native people.	Identify and maximize the use of alternative resources for health care for the American Indian and Alaska Native population and expand the investment in the development of cost-effective preventive interventions targeted as the greatest threats to the health of American Indian and Alaska Native people.
Objective 3.7 Increase the availability and effectiveness of services for the treatment and management of HIV/AIDS.	Cost of antiretroviral therapies and treatment may increase and/or insurance companies may drop coverage.	Access to therapies and treatment could be restricted if costs escalate.	Develop better purchasing agreements with drug manufactures. Support for additional resources to subsidize purchases and monitoring of Medicaid coverage.
	Shifting demographics of	Populations become harder to reach and serve or longer life	Develop improved surveillance and outreach strategies. Provide

	disease and populations.	expectancy greatly increases number of persons being treated.	assistance to service providers in planning and capacity building to meet sudden demographic shifts.
Objective 3.8 Increase the availability and effectiveness of mental health care services.	No major External Factors identified.		
Objective 3.9 Increase the availability and effectiveness of health services for children with special health care needs.	No major External Factors identified.		

Goal/ Objective	External Factor	Effect on strategies/goal/objective	HHS Response to mitigate factor
GOAL 4: Improve the Quality of Health Care and Human Services.			
Objective 4.1 Enhance the appropriate use of effective health services.	Increasing complexity of health care system; ongoing development of new technologies and pharmaceuticals; lack of access to health care by many Americans.	Increased need for research and the dissemination and implementation of research findings in the outcomes, quality, cost, access, and use of health care.	Continue to build evidence base for the delivery of health care and focus on fostering the implementation of evidence-based research findings into health care practice and making information available to consumers.
Objective 4.2 Increase consumer and patient use of health care quality information.	Increasing complexity of health care system.	Consumers have had little experience with making choices in health care.	Promotion of public/private educational efforts. Continued research and evaluation to determine effective strategies.
Objective 4.3 Improve consumer and patient protection.	Congressional passage of the Patient Bill of Rights.	Bill of Rights will increase protections legally available.	Continued implementation of rights and privacy protections within existing authority.

Objective 4.4 Develop knowledge that improves the quality and effectiveness of human services practice.	No major External Factors identified.		

Goal/ Objective	External Factor	Effect on strategies/goal/objective	HHS Response to mitigate factor
GOAL 5: Improve the **Nation's** Public Health Systems.			
Objective 5.1 Improve the capacity of the public health system to identify and respond to threats to the health of the Nation's population.	No major External Factors identified.		
Objective 5.2 Improve the safety of food, drugs, medical devices, and biological products.	Increasing age of population	The coming "aging" bulge in the U.S. population means that a higher percent of the population may be more susceptible (compromised immune systems) to food-borne illness which may offset reasonable efforts to reduce illness from this cause.	Intensified education programs on food safety.
	Increasing importation of foods and products from around the world.	There is an increases risk of food-borne illness appearing or unsafe products being marketed due to varying foreign standards.	Development of increased international cooperation and standards.
	Technological advances create greater product complexity and diversity.	Increasingly more complex products may slow review process and delay market approvals. Skills and resources of health professionals may be insufficient to maintain safety at current levels	Improve skills and training and early involvement and communications with scientific community in development of new products.

Goal/ Objective	External Factor	Effect on strategies/goal/objective	HHS Response to mitigate factor
GOAL 6: Strengthen the Nation's Health Science Research Enterprise and Enhance its Productivity.			
Objective 6.1 Advance the scientific understanding of normal and abnormal biological functions and behaviors.	The uncertainties and risks intrinsic to the process of research.	The pace of progress in scientific research is intrinsically uneven and very difficult to accurately forecast. History amply demonstrates the benefits of sustained research effort, but at any given time it is hard to know from what realm the next important advance will emerge.	Broaden research portfolio; sound and foresightful management of the research enterprise; flexibility to respond to changing scientific opportunities and a willingness to take risks.
	The pace of technological advance	Improvements in existing technologies or the availability of radically new capabilities can significantly affect the current array of scientific opportunities. As with research progress, these important developments can be difficult to predict in advance.	See above.
	The level of resources available--size of appropriations; other factors, such as rates for indirect cost and inflation, which influence purchasing power of research dollars.	The year-to-year level of budget authority directly affects the agency's abilities to maintain the existing research effort and to expand to address new opportunities.	Sound and foresightful management of the research enterprise. Maintaining strong support for biomedical research among Congress, the Executive branch, other publics, and in the private sector.
	Public acceptance and support.	The public's willingness to continue to broadly support the biomedical research enterprise is an important factor to the extent to which the frontier of knowledge can be pushed forward in biology and related sciences. Among other issues, advances in medical technology and breakthroughs in medical research have created a new set of challenges regarding ethical and moral considerations that are associated with the pursuit of these scientific advances and their incorporation into medical	Strong effort to communicate with the public about new scientific achievements and their important implications for health. Processes to involve the public in dialog about these important issues.

		practice.	
Objective 6.2 Improve our methods for preventing, diagnosing, and treating disease and disability	The nature of and rate at which basic research yields new insights about the fundamentals of biological functions and behavior.	While developing new approaches for prevention, diagnosis, and treatment can itself be a demanding scientific exercise, the availability of new insights about fundamental processes is very often the precondition for development to become feasible.	Managing for a successful and productive basic research enterprise (see objective 6.1)
	Various business considerations, such as intellectual property issues, technical capabilities, competing opportunities, and other business considerations.	The efforts of many different actors are involved in the successful development and commercialization of new approaches. Relatively high degrees of concern among researchers from private and public interests and others may hinder cooperation among research entities, thus hindering creative and successful development of new approaches. Same as for basic research. (See Objective 6.1)	Programs that provide for the rapid and widespread dissemination of new scientific findings. Support for public policies that strengthen technology transfer and encourage the development of innovative products and services.
	Level of public acceptance and support for research. See also 6.1 for additional external factors and responses.		Same as for basic research. (See Objective 6.1)
Objective 6.3 Enhance our understanding of how to improve the quality, effectiveness, utilization, financing, and cost-effectiveness of health services	No major External Factors identified.		

Objective 6.4 Accelerate private-sector development of new drugs, biologic therapies, and medical technology.	Developmental and liability costs of new drugs can be prohibitive to private organizations developing new therapies.	New treatment for diseases may not be forthcoming.	Create public/private partnerships to share the cost of developing new drug therapies.
Objective 6.5 Strengthen and diversify the base of well-qualified health researchers.	Strength of job market for research scientists; extent of opportunities for both new and seasoned researchers; remuneration. Level of resources available to support agency programs for training and career development.	The realities and the perceptions about potential candidates, as well as candidates perceptions of job opportunities, salary levels, etc. affect recruitment. the year-to-year level of budget authority directly affects the agency's abilities to maintain existing programs and to expand in order to address new needs.	successful basic and applied research programs, which continue to yield new scientific knowledge and opportunities, and continuing public support for the biomedical research enterprise provide the greatest leverage in sustaining demand for well qualified and creative researchers. Promote career messages. Maintain strong support for training and career development programs with public budget decision makers, with relevant sectors of private industry, and with the general public.
Objective 6.6 Improve the communication and application of health research results.	Degree of public acceptance and support	The public's willingness to continue to broadly support the biomedical research enterprise is a critical factor in the progress of the biomedical sciences.	Strengthened efforts to communicate with the public about the progress of medical research and its impact on their lives. Institute processes to involve the public more heavily in addressing important issues on the research agenda.
Objective 6.7 Strengthen mechanisms for ensuring the protection of human subjects in research and the integrity of the research process.	No major External Factors identified.		

APPENDIX C

Using Management Tools in Support of Program Goals

The Department of Health and Human Services has committed itself to achieve results that improve the lives of Americans; thus all of the strategic goals of HHS are programmatic goals. At the same time, the Department recognizes that these goals will not be achieved without attention to the means that are employed to carry them out. HHS resolved long ago to take full advantage of the tools that the Congress, the Executive Branch, and others have provided to improve the management and administration of HHS's program responsibilities.

The *Government Performance and Results Act (GPRA)* is the principal tool that compels Federal programs to focus on results. In addition to this Strategic Plan, HHS will continue to use performance measures from its Annual GPRA Performance Plans and Reports to inform its decision making processes.

The financial management tools provided by the *Chief Financial Officers (CFO) Act* and the *Federal Financial Management Improvement Act (FFMIA)*, in conjunction with the *Federal Managers Financial Integrity Act (FMFIA)* and the *Debt Collection Improvement Act (DCIA)*, will continue to produce greater financial accountability across HHS for years to come.

The National Partnership for Reinventing Government (NPR), under the leadership of Vice President Gore, has measured customer satisfaction and continues to pursue the achievement of an extensive array of "bold goals" for Federal "High Impact Agencies."

The *Clinger-Cohen Act* has provided a solid and consistent basis for the planning and management of technology resources and policy issues. *Presidential Decision Directive 63 (PDD63): Critical Infrastructure Development* is a tool that recognizes that addressing computer-based risks to the nation's critical infrastructures requires an approach that involves coordination and cooperation across Federal agencies and among public and private-sector entities and other nations.

The Executive Branch also provides for the development and sharing of best management practices and tools through the *President's Management Council (PMC)*, the *President's Council for Integrity and Efficiency (PCIE)*, and the *Chief Financial Officers' Council*.

The *Office of Federal Procurement Policy Act and Executive Order 12931* seek to make procurement more efficient in support of the mission accomplishments of Federal agencies, and instruct agencies to establish clear lines of contracting authority and accountability. The Act promotes electronic commerce in the administration of procurement systems. The *Presidential Directive on Electronic Commerce* states that government must adopt a market-oriented approach to electronic commerce, one that facilitates the emergence of a global, transparent, and predictable environment to support business and commerce.

The *Federal Acquisition Streamlining Act (FASA)* broke new ground in acquisition methodology, and embodies key principals of acquisition reform. FASA was designed to simplify and streamline the Federal procurement process, offering reforms for more cost effective Government and ability for businesses to compete for Government contracts.

The private sector has offered tools such as the *Balanced Scorecard* that provide innovative methods for Federal agencies to improve the accountability of their management functions.

Formal, ongoing measurement of employee satisfaction is the basis for continuous improvement under the *Secretary's Quality of Worklife Initiative*. The programmatic goals and objectives that have been set forth in this HHS Strategic Plan can not be achieved without attention to management. HHS uses the tools that the Congress and others have provided to improve management in support of our program policy goals.

Through the ongoing development of *Major Management Challenges*, The General Accounting Office (GAO) and the HHS Office of Inspector General (OIG) offer HHS an additional tool, through their reports, that assists HHS in identifying and defining management challenges which can affect the ability of HHS components to effectively achieve important program objectives.

Leadership and Coordination

HHS will continue to employ management strategies that support and coordinate program activities across the Department.

In line with the structure and diversity of the Department and its program activities, HHS management strategies have reflected a move away from a command and control leadership structure. Program legislation has compelled HHS components to operate as large, independent, and distinct agencies. They have their own history, needs, and approaches to program administration, often legislatively delineated. To attempt to constrain HHS's large agencies into a homogeneous unit–even for planning purposes–would dilute their strengths and their unique values. As a result, program components will remain the core of the organizational focus of HHS, and staff units should remain small, engaging in activities that facilitate program coordination, prevent duplication of effort, and ensure consistent attention to the mission, goals, and objectives of the Department and the priorities of the Administration and the Secretary.

Consistent with HHS's organizational philosophy, the focus of management issues within the Department will be on substantive, policy issues rather than on formal, organizational management processes. Methods of decision making in HHS will be consensual and consist of high levels of interaction among program and staff executives. In the HHS budget process, for example, the Secretary and senior executives throughout HHS will develop the budget based on themes that reflect Departmental priorities. Each year the HHS leadership will establish a manageable number of initiatives that call for collaborative efforts across separate Operating Divisions and the Office of the Secretary. Collaborative management does not preclude regular high-level Departmental interest and guidance in the management of HHS components. To ensure and foster the performance-based management that GPRA has prompted, the Deputy Secretary, along with the Chief of Staff, the Assistant Secretary for Management and Budget

and other senior executives of the Office of the Secretary, will continue to meet quarterly with the head and senior staff of each HHS Operating Division to address management issues.

Performance Measurement

As performance measures mature and performance trends emerge, HHS GPRA performance data will inform and support budget decisionmaking in HHS.

The GPRA is a valuable tool that will enhance HHS efforts to improve programs that serve the American people. With the continued development of performance goals and measures for approximately 300 programs, HHS will compile an extensive body of information that will be informative across programs and agencies. Such data will become increasingly important to HHS's leadership and program coordination efforts. Although the Department consists of large agencies with many and disparate functions, HHS coordinates the focus and direction of its program activities through Departmental initiatives developed in the annual HHS budget decision-making processes. Performance measurement will steadily strengthen these processes as data on program performance trends become available and serve as indicators to support the persistent cultivation of strategies and objectives to improve programs across the Department. In particular, performance measurement will serve the following:

The budget process in which HHS develops coordinated Departmental initiatives and uses the annual performance plans to improve programs and support the achievement of HHS's long-term goals;

Program evaluation, which HHS uses to provide a deeper assessment of program effectiveness than performance data can and to inform the development of improvements in ongoing performance measurement; and

The Strategic Plan, in which HHS sets out long-term goals and objectives for its program components and the external entities that engage in the day-to-day administration of HHS programs across the country.

Budget decision-making in HHS will be key to Departmental coordination of program activity and performance measurement in HHS. In recent years, HHS modified its Departmental budget formulation processes specifically to better bring together information and leaders from throughout the Department to define the program initiatives that will move HHS toward the accomplishment of its mission. Anticipating that GPRA information will enhance this decision-making process, HHS incorporated GPRA annual planning and reporting into the budget formulation process and into the HHS budget documents. HHS is an entity that is focused on concerted progress toward the achievement of the mission, goals, and objectives of this Strategic Plan through its Departmental initiatives. As GPRA implementation continues to mature, program executives and managers throughout HHS will use trend data on performance results to seek the coordinated improvement of HHS programs on an ongoing basis, specifically by: 1) assessing performance activity and results, 2) engaging in program evaluation activity where deeper assessment is required, 3) redefining program strategies to produce improved results, and 4) modifying future performance targets to be consistent with available resources and up-to-date priorities and policy decisions.

Program Evaluation

HHS is committed to ensuring that its evaluations yield valuable knowledge, and that this knowledge is used to complement annual performance planning and reporting.

In the era of results-oriented management, evaluations are playing an increasingly important role in strategic planning, performance management, and program improvement. Evaluations conducted by HHS agencies generally serve one or more of the following purposes: evaluate program effectiveness; develop performance measurements; assess environmental impacts on health and human services (i.e., external factors affecting program performance); and improve program management. The results of these evaluations are increasingly being used by HHS program managers to inform the annual performance planning process and the interpretation and reporting of annual performance data. ***Program effectiveness*** provides a way to determine the impact of HHS programs on achieving intended goals and objectives. ***Performance measurement*** is the primary mechanism used to monitor annual progress in achieving departmental strategic and annual performance goals. To support performance measurement, we are investing evaluation funds to develop and improve performance measurement systems and the quality of the data that supports those systems. ***Environmental assessment*** is the way we monitor and forecast changes in the health and human services environment that will influence the success of our programs and the achievement of our goals and objectives. In turn, this understanding allows us to adjust our strategies and continue to deliver effective health and human services. ***Program management*** reflects the need of program managers to obtain information or data helpful for effectively designing and managing a program. These evaluations generally focus on developmental or operational aspects of program activities and provide understanding of services delivered and populations served.

Financial Management

All HHS resources are used appropriately, efficiently, and effectively. Decision makers should have timely, accurate, and useful program and financial information.

The *HHS CFO Financial Management Status Report and Five-Year Plan* highlights the functions that will affect the financial condition and resources of HHS programs until 2005. This financial planning document, updated, and published every year, puts forth two strategic financial management goals for HHS (highlighted immediately above) that are focused on a vision where managers at all levels work with program partners to provide services to the American people.

Under the auspices of the Government Management Reform Act, HHS continues to improve the financial management of its programs and supporting activities. Individual OPDIV and HHS financial statements and audits are key tools for determining how well taxpayer funds are managed by HHS. It is important that HHS continue to maintain its efforts to receive unqualified “clean” audit opinions from auditors for its accounts.

The annual HHS Accountability Report integrates financial information with key GPRA program performance results and other management reports. The report provides HHS managers, Congress, and the public with information that will become increasingly important for decision making and will show the costs of the programs of HHS.

One of the management reports included in the HHS Accountability Report delineates the results of the HHS CFO Financial Management Status Report and Five Year Plan. This plan covers the many functions that affect the financial condition and resources of HHS and support the Department's financial management goals.

Six management priorities have been identified to achieve these goals:

Improve financial accountability
Improve financial management systems
Develop human resources and CFO organizations
Improve management of receivables
Use electronic commerce to improve financial management
Improve administration of Federal grant programs.

Business Management for Grants and Acquisition

HHS will better focus grant and contract resources toward achieving the Department's program objectives. We will support the Administration's goal of developing and utilizing the nation's small business capacity.

Another vital component of the Department's corporate strategy involves intense management of its relationships with the external contractor and grantee communities. These relationships play a crucial role in the delivery of HHS's mission objectives, and account for the spending of over $155 billion annually. Our objectives, summarized immediately above, seek to focus grant and contract resources toward achieving the Department's program objectives and to support the Administration's goal of developing and utilizing the nation's small business capacity.

Prominent among HHS strategies are the HHS Scorecards for acquisition and grants that strive to achieve balance among various perspectives and goals such as efficient business processes, innovative leadership, empowered employees, satisfied customers, and dedicated grantees and vendors. This cost-effective grants and acquisition performance management approach will help HHS to:

gauge the overall health of its grants and acquisition systems;
target opportunities for organizational improvement;
achieve its program missions;
give grants and acquisition executives a useful risk management and decision-making tool;
promote the sharing of successful practices; and
gauge our progress in implementing grants and acquisition reform initiatives.

The *balanced scorecard* strategies that have been devised by the Office of Grants and Acquisition Management in the Office of the Assistant Secretary for Management and Budget are being implemented by HHS Operating Divisions (OPDIVs).

To further improve results through the objectives of the HHS grants and acquisition management enterprise, the Department will employ additional implementation strategies, such as:

Departmental business managers will team with OPDIV counterparts to develop creative policy guidance, techniques, and best practices.
Departmental training programs develop and certify business managers throughout the OPDIVs.
A *knowledge management system* called the Knowledge Exchange Network (KEN) uses the Internet to automate training courses, and provide operational business managers easy access to the guidance and latest techniques.
Participatory balanced scorecard improvement systems will allow OPDIV business offices to oversee and continually benchmark operations.
HHS corporate business managers team with OMB and counterparts in sister agencies to improve policies and develop new initiatives to manage and improve the government's business processes.

HHS leadership in the Inter-Agency Electronic Grants Committee will result in a "Federal Commons" designed to provide all types of grantee organizations, with a common "face" for conducting grants business electronically. As the largest grant-making component in the Federal Government, HHS plays a key role in the Federal grants management arena.
HHS has developed systems to streamline, target, and improve the accountability of its partners consistent with Single Audit Act Amendments and various legislative initiatives. Systems will ensure that all grantees that are required to submit federal Single Audits are submitted.

Human Resources Management

> *Mission accomplishment in HHS -- as everywhere -- means having the right people with the right skills doing the right jobs at the right time.*

Workforce Planning. Making full use of the contributions of the work force requires analysis to know what skills are needed and planning to make sure that employees have those skills. Effective workforce planning supports budget requests, provides a solid basis for staffing requests, and documents our human resource needs. The workforce planning model that will serve HHS to meet these objectives is based on a business model that analyzes the present workforce, identifies organizational objectives and the workforce competencies needed to achieve them, compares present workforce competencies to those needed in the future, and develops plans to transition from the present workforce to the future workforce. The definitive HHS workforce planning document, *Building Successful Organizations*, has been developed by the Office of Human Resources of the Office of the Assistant Secretary for Management and Budget. It outlines the Department's expectations for workforce planning over the next few years, and provides a consistent model for program units throughout HHS to use to ensure that budget requests reflect and present the workforce conditions and needs of the agencies.

Workforce Improvement. HHS will collaborate with the President's Management Council as it generates Government-wide tools to elevate the principles upon which we evaluate the Federal workforce. With renewed emphasis that workforce performance evaluation must rest on program results and feedback from customers and employees, the Department will direct its efforts to communicate clear expectations of performance to all employees, and validate accountability through defined priorities and goals that apply across the executive leadership team.

Quality of Work Life. The Quality of Work Life Plan reflects the Department's commitment to three characteristics: improve employee satisfaction, strengthen workplace learning, and better manage change and transition. Achievement of these objectives requires a willingness to share power, extensive training for workers, managers, and executives, and considerable patience by all involved. Further, it requires openness and trust and sharing of information by management. It cannot be mandated by management but, rather, must involve process in which the employees buy into the concept. The HHS Quality of Work Life effort has identified a number of issues including:

Improving communication
Strengthening family friendly programs
Evaluate and enhance diversity practices
Better planning and management of change

Information Technology Management

> *In order to carry out its corporate mission and ensure critical infrastructure protection, HHS will optimize management of its information systems infrastructure.*

Enterprise Infrastructure Management (EIM). Building on the information technology tools provided by the *Clinger-Cohen Act* and *PDD 63: Critical Infrastructure Development*, EIM signals HHS's intention to build greater consistency and efficiency into information technology management across the Department. Threats to computer security and the need to minimize information technology costs invite the enterprise approach to technology management that HHS is pursuing. The EIM effort that has been undertaken by the Office of Information Resources Management (OIRM) of the Office of the Assistant Secretary for Management and Budget emphasizes the importance of developing information systems that meet the need for more reliable network and systems availability, improved configuration management and software distribution, and flexibility in supporting changing needs while providing state of the art security and privacy.

Property Management

> *HHS will prudently manage the personal and real property assets owned by HHS. To ensure high-quality stewardship over the Department's investment in property, HHS will continue to improve the accuracy of accounting for real and personal property.*

For real property tracking, HHS will continue the implementation of the Foundation Information for Real Property Management (FIRM) database, an automated tool provided by the General Services Administration to enhance accountability for real property across the Federal government. FIRM will accommodate the consistent, automated management and accounting for real property Department-wide. To ensure high-quality stewardship over the Department=s investment in property, HHS will continue to improve the accuracy of accounting for real and personal property and will establish a self-assessment program for personal property management. HHS already exceeded initial annual performance targets for the "location accuracy" of personal property, achieving a 97% accuracy rate in 1999 when a 92% rate was planned. HHS will now pursue maintaining the 97% rate over time.

Program Integrity Partnership with the HHS Office of Inspector General

> *The detection and elimination of health care fraud and abuse is a top priority of Federal law enforcement.*

Although by design the Office of Inspector General (OIG) is an independent entity to ensure the objectivity of its findings and reports, HHS and the OIG have established an unprecedented partnership to reduce fraud and abuse and improve program integrity, especially in the costly Medicare and Medicaid programs. For this purpose, the Congress and the Administration also have provided the tools that have made this partnership possible, and have extended the partnership to include the Department of Justice. The Health Insurance Portability and Accountability

Act of 1996 (HIPAA) will continue to allow for the consolidation and coordination of HHS, OIG and Department of Justice efforts to combat fraud through prosecutions and other enforcement actions, through collaboration and information sharing, and through prevention and outreach to the business community.

Customer Service

Customer service is a prominent element of HHS accountability and self assessment.

Vice President Gore's National Partnership for Reinventing Government (NPR) has provided multiple tools that have enhanced the focus of HHS and other Federal agencies on customer service over the past five years. In addition to an extensive array of programmatic initiatives focused on customer service throughout HHS, the Department will continue to work with the NPR in its use of customer service tools such as the High Impact Agency customer satisfaction surveys and public conversations with Americans to identify and act upon feedback from HHS beneficiaries and customers. HHS will collaborate with the President's Management Council (PMC) and other Federal agencies in their efforts to encourage Federal agencies to look to the customer service features offered by the Balanced Scorecard method for their programs, particularly as an element that underlies agency and employee performance assessment.

GAO and OIG Designated "Major Management Challenges"

HHS performance plans are a prominent tool for addressing the management challenges identified by the General Accounting Office and the HHS Office of Inspector General.

The Office of Inspector General (OIG) and the General Accounting Office (GAO) have also served HHS and other Federal agencies through ongoing review and analysis of high-risk areas and major management challenges. HHS uses GAO and OIG findings to improve the management of its programs. Specifically, nearly all of the GAO and OIG major management challenges that were identified in an August 1999 letter to the Secretary of HHS from the Senate Committee on Governmental Affairs were addressed in the HHS GPRA performance plans. For example, one of the management challenges identified was Medicare payment errors. As reflected in its GPRA annual performance plan and annual performance report, HCFA exceeded its FY 1999 GPRA performance goal of reducing Medicare fee-for-service payment errors to 9 percent. Medicare fee-for-service payment errors were 14 percent in 1996 and dropped to 7.9 percent in 1999. HCFA seeks to reduce the error rate to 6 percent in 2001 and 5 percent in 2002.